



QUICK QUOTE TRUCK APPLICATION

Agency Name _____ Producer Name _____
 Agency Phone Number _____ Producer E-Mail _____
 Insured Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ E-Mail _____
 Effective Date of Coverage _____ Filings Federal Filing Form E IN **MC#** _____ **DOT#** _____
 Form E IL 05.32 - Ohio

- List the 3 Largest Cities your operation enters: _____
- Years Insured Under This Name: _____ Prior Carrier _____ Losses Yes No
Amount Paid \$ _____

Radius of Operations: 0 – 100 Miles _____ % 101 – 300 Miles _____ 501+ _____
 Average Length of Haul _____ Miles Max Length of Haul _____ Miles
***Please attached the last 4 quarters of IFTA reports.*

Commodities Transported: Any Hazmat? Yes No

List Commodity	% of Loads	Average Value of Each Load	Max Value
_____	_____ %	_____	_____
_____	_____ %	_____	_____
_____	_____ %	_____	_____
_____	_____ %	_____	_____

Must Total 100%

Coverage Requested:
 Auto Liability: \$1,000,000 CSL – Yes No General Liability: \$1,000,000 – Yes No UM /Uim – Yes No Limit \$ _____
 Med – Yes No Limit \$ _____ Physical Damage: Yes No Deductible Amount: \$1,000 / 2,500 / 5,000 Other _____
 Motor Truck Cargo: Yes No Limit \$ _____ Deductible \$ _____
Optional Coverage: *Trailer Interchanges – Yes No *Reefer Breakdown – Yes No

DRIVERS:

Name	DOB	License #	State	Years Exp.	Violation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Vehicles:

Year	Make	Model	VIN	G.V.W	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____