



11950 Aviation Boulevard, Inglewood, California 90304

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QUOTATION REQUEST

QUOTE #	_____
MKTG:	_____
DATE:	_____ TIME: _____
DATE QUOTED:	_____
NEEDED BY:	_____
AGENT:	_____

INDIVIDUAL: <input type="checkbox"/>	CORPORATION: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	PHONE #:	_____
INSURED NAME: _____			FAX #:	_____
BUSINESS NAME: _____			PAGER #:	_____
ADDRESS: _____			MOBILE #:	_____
GARAGING: _____			EMAIL:	_____
TYPE OF CARGO: _____			TYPE OF BUSINESS:	_____
TYPE OF CARRIER: <input type="checkbox"/> FOR HIRE <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER			SUBHAULERS <input type="checkbox"/> YES <input type="checkbox"/> NO	YRS BUSINESS: _____

FILING NEEDED:	DMV # _____	FHWA # _____	FORM E # _____
PRIOR EMPLOYER: _____			
CURRENT INSURANCE: _____	RADIUS: _____	CANADA: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUS INSURANCE: _____	EXP. DATE: _____	CLAIMS/PAID: _____	
PREVIOUS INSURANCE: _____	EXP. DATE: _____	CLAIMS/PAID: _____	

DRIVER SCHEDULE: UNDER 25 YEARS YES NO

NAME	DL#	DOB	DRIVERS EXP YRS
(OWNER)			

WHERE DRIVER EXPERIENCE OBTAINED? _____

VEHICLE SCHEDULE:

YEAR	MAKE	VIN #	BODY	GVW	\$ VALUE

COVERAGES LIABILITY: \$250 / 500 / 100 \$600.000 \$750.000 \$1MM OTHER \$ _____

UM/UIM: \$ _____ PDD DED: \$ _____ BIPD: \$ _____ MEDICAL: \$ _____

PHYSICAL DAMAGE DED: \$250 \$500 \$1,000 \$2,500 COMP / LPS / COLLISION

CARGO: \$ _____ DED: \$ _____

TERMINAL \$ _____ LIMIT OTHER: _____

*GENERAL LIABILITY: \$ _____ DED: \$ _____

*IF APPLICABLE GROSS RECEIPTS: \$ _____ PAYROLL: \$ _____ # OF EMPLOYEES: _____

OWNERS NAME: _____

WHAT KIND OF WORK: _____

WORKER'S COMP: _____ FED ID #: _____