INSURANCE SERVICES, INC. 11950 Aviation Boulevard, Inglewood, California 90304 Phone: (310) 215-2920 • Fax: (310) 536-2915 • www.truckinsure.com QUOTATION REQUEST	QUOTE # MKTG: DATE: DATE: DATE QUOTED:
	PHONE #:
INSURED NAME:	FAX #:
BUSINESS NAME:	PAGER #:
ADDRESS:	MOBILE #:
GARAGING:	EMAIL:
TYPE OF CARGO:	
TYPE OF CARRIER: FOR HIRE PRIVATE OTHER SUBHAULERS YES NO	YRS BUSINESS:
FILING NEEDED: DMV # FHWA #	FORM E #
PRIOR EMPLOYER:	
CURRENT INSURANCE: RADIUS:	CANADA: 🗌 YES 🗌 NO
PREVIOUS INSURANCE: EXP. DATE:	CLAIMS/PAID:
PREVIOUS INSURANCE: EXP. DATE:	CLAIMS/PAID:
DRIVER SCHEDULE: UNDER 25 YEARS YES NO NAME DL# DOB (OWNER)	DRIVERS EXP YRS
WHERE DRIVER EXPERIENCE OBTAINED?	
VEHICLE SCHEDULE: YEAR MAKE VIN # BODY	GVW \$ VALUE
COVERAGES LIABILITY: \$250 / 500 / 100 \$600.000 \$750.000 \$1MM OTHE	
UM/UIM: \$ PDD DED: \$ BIPD: \$	
PHYSICAL DAMAGE DED: \$250 \$500 \$1,000 \$2,500 COMP / LPS / COLLIS	
CARGO: \$ DED: \$	
TERMINAL \$ LIMIT OTHER:	
*GENERAL LIABILITY: \$ DED: \$	
*GENERAL LIABILITY: \$ DED: \$ *IF APPLICABLE GROSS RECEIPTS: \$ PAYROLL: \$	# OF EMPLOYEES:
*GENERAL LIABILITY: \$ DED: \$ *IF APPLICABLE GROSS RECEIPTS: \$ PAYROLL: \$ OWNERS NAME:	# OF EMPLOYEES:
*GENERAL LIABILITY: \$ DED: \$ *IF APPLICABLE GROSS RECEIPTS: \$ PAYROLL: \$	# OF EMPLOYEES: