

QUICK QUOTE SHEET

INSURED

Name: _____
 DBA: _____
 Mailing Address: _____
 Garaging Address: _____
 Contact info: _____

PRODUCER

Agent: _____
 Phone: _____
 Contact: _____
 Email: _____
 Fax: _____

GENERAL INFORMATION

EFFECTIVE DATE	USDOT	MC#	TXDMV# CA#	YEARS IN BUSINESS
PRIOR COVERAGE COMPANY			PRIOR POLICY NUMBER	

BUSINESS INFORMATION

COMMODITIES HAULED	
MOST VISITED CITIES (%)	MILES

DRIVERS

FULL NAME	CDL #	STATE	DOB	HIRE DATE	YEARS EXP.
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

FINANCIAL MANAGER: _____

COVERAGES

Liability: _____	Ded: _____	Trailer Interchange: _____	Ded: _____
Ph Damage: _____	Ded: _____	Reefer Breakdown: _____	Ded: _____
MTC: _____	Ded: _____	GL: _____	Ded: _____
UM/UIM: _____	Ded: _____	Other: _____	Ded: _____
PIP: _____	Ded: _____		

NOTES

Do you have ELD? Yes No

What type of ELD? _____

ITEM	<input type="text"/>	UNIT TYPE	<input type="text"/>
YEAR	MAKE	VIN	VALUE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
USE	GROSS WEIGHT	DEDUCTIBLE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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YEAR	MAKE	VIN	VALUE
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USE	GROSS WEIGHT	DEDUCTIBLE	
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