

Small Fleet Truck Quote Sheet

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____
 CONTACT: _____ EMAIL: _____

COVERAGE REQUIRED			
Bob Tail	<input type="checkbox"/>	Truck Physical Damage	<input type="checkbox"/>
Cargo	<input type="checkbox"/>	Umbrella	<input type="checkbox"/>
General Liability	<input type="checkbox"/>	W/C	<input type="checkbox"/>
Trailer Interchange	<input type="checkbox"/>	Other	<input type="checkbox"/>
Truck Liability	<input type="checkbox"/>		

Garage Location: _____

FEIN or Social Security Number: _____

UIIA SCAC Code _____ UIIA Password _____

Description of Operations: _____

DRIVER INFORMATION

Name	Driver's License # & State	Date of Birth	Yrs of Truck Experience	Three Year Accident & Violation Record

(For additional drivers, attach a separate list)

VEHICLE INFORMATION

Model Year	Make	Type	Serial #	Gross Vehicle Weight	Maximum Radius

(For additional vehicles, attach a separate list)

List specific commodities hauled and percentage hauled:

Truck Limits Required: 750,000 1,000,000 5,000,000 Other _____
 Cargo Limits Required: 50,000 100,000 200,000 Other _____

Are there any special items which need to be covered? _____

Trailer Interchange Limit Required 40,000 Other _____
 Truck Physical Damage Deductible 1,000 2,500 Other _____

	Cost New		Stated Value
1		1	
2		2	
3		3	
4		4	

General Liability Required 1,000,000 Other _____
Are there any operations other than trucking? If YES, explain. No Yes

Worker's Compensation

Currently carried? Yes No
Is there any unassisted lifting over 50 lbs. Yes No **If yes, explain:**

Bobtail Limit 1,000,000 Other _____

List any claims for any of the above coverages. Include date of claim, specific details and amount paid (if known).

List all carriers and policy numbers for any coverages currently carried:

Carrier Name	Policy #	Expiration. Date	Type of Coverage

Please answer the following:

- a. **Are any oversize/overweight filings required?** Yes* No ***Attach explanation**
- b. **Are tandem or twin+ trailers ever used?** Yes No
- c. **Are there any hazardous commodities hauled?** Yes No
- d. **Does the applicant haul containerized freight?** Yes No
- e. **If yes to d, are only specialized container chassis used?** Yes No
- f. **Does the applicant hire any drivers under age 23 or over age 69?** Yes No
- g. **Do you ever allow relatives or others to ride?** Yes No
- h. **If FHWA carrier, please fill in MC#** _____

Maximum radius operated by any vehicle: _____ miles

(Please attach the last 4 quarters IFTA reports, if applicable)

If radius over 300 miles, list states and cities traveled to/through:

Is this a new venture? Yes No **If yes, give prior experience in trucking business:**

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. (STATE REQUIRED)

Quote Sheet General with IANA info

 APPLICANT'S SIGNATURE

 DATE