

**SOUTHWESTERN**  
INSURANCE

## Non - Fleet Quick Quote Sheet

For use with submissions with 4 or less vehicles

Date:	Desired Effective Date:	Expiring AL Premium:	AL Target:					
Insured Information								
Insured name:		TAX ID #						
Garaging location:		US DOT #						
City:	State:	Zip:	MC #					
Phone:		Email:						
#Of unit owned:		Name of Owner:						
#Of years business:		Average Miles Driven						
Description of Operation:		0-50:	51-200: 201-500: Over 500:					
Commodities Hauled (%):		States Entered:						
Hauls Oversize/Overweight?		Major Cities:						
Have you ever been canceled or non-renewed in the last three years:			Hauls Hazmat:					
Do you allow non-employee passengers:		Number years primary coverage under the above name:						
Is Physical Damage Quote requested:		*** If yes, indicate stated amount per unit below ***						
Taxi and Limo:	Single Shift	Double Shift	Triple Shift					
Driver Information								
Driver Name	DOB	License Number	State	Date Hired	# Years Comm Driving	Last 3 yrs. Moving Violations	Last 3 yrs. Accidents	
Policy Year & Carrier				Loss Information		Coverage & Deductible		Premium
Year	Make	Type	GVW	Stated Value	VIN #			
Liability								
Liability Limit:		General Liability: N/A		Cargo Limit		Reefer Breakdown:		
Uninsured Motorist Limit:		Cargo Deductible:						
Underinsured Motorist Limit:		Commodity Transported		% of Loads	Maximum	Average		
Medical Payments:								
Personal Injury Protection Limit:								
Trailer Interchange:								
Agency Information								
Agency Name: Southwestern Insurance			Phone:		Fax: (305)556-5469			
Contact Person:			Email:					