



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:					