



### QUICK QUOTE SHEET

PHONE: 925 262-1900

FAX: 925 262-1901

EMAIL: Underwriting@GHIns.com

TODAY'S DATE \_\_\_\_\_ TIME \_\_\_\_\_ COVERAGE DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ AGENCY \_\_\_\_\_ CAB \_\_\_\_\_

TELE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

INSURED \_\_\_\_\_ DBA \_\_\_\_\_

GARAGING CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

COMMODITIES HAULED \_\_\_\_\_

NEW VENTURE \_\_\_\_\_ OR YRS IN BUSINESS \_\_\_\_\_ LOSSES LAST 3 YRS \_\_\_\_\_

**Attach loss reports for all accidents**

RADIUS OF OPERATION \_\_\_\_\_ MILES TRAILERS: SINGLE DOUBLE TRIPLE

VEHICLE YEAR MAKE MODEL GVW VALUE DED

1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

TRAILER YEAR MAKE MODEL GVW VALUE DED

1. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

OWNER DRIVEN: Y N **Attach MVR for all drivers and owners. MVRs should be within last 30 days**

NAME OF DRIVERS

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

FILING: Y N TYPE \_\_\_\_\_ # \_\_\_\_\_

**Provide all filing numbers for this applicant**

**LIABILITY** \$ \_\_\_\_\_ **UM** 15/30 30/60 NONE

**CARGO** \$ \_\_\_\_\_ DED \$ \_\_\_\_\_ REEFER BREAKDOWN: Y N DED: \$ \_\_\_\_\_

COMMENTS \_\_\_\_\_

If you send a complete application with MVRs and Accident Reports , you will receive a quote within two hours.  
(If you do not receive a quote or a request for more information within two hours please refax "Second Request")

Lic #0E52042