



SOLO-TRUCKING INSURANCE AGENCY

UNIVERSAL QUICK QUOTE FORM

Bind Effective: ____ / ____ / ____

Quote Needed by: ____ / ____ / ____

INSURED INFORMATION

Insured's Name: _____

US DOT#: _____ MC#: _____ TX DMV#: _____ FEIN or SS#: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Ph#: _____ Fax#: _____ E-mail: _____

No. of Years in Business (With own insurance): ____ No. of Years' experience operating like equipment: ____

Radius of Operation: ☐ 0 -200 ☐ 0-500 ☐ +500

Who is the prior carrier?

COMMODITIES HAULED:

☐ Refrigerated ☐ Dry Van ☐ Flatbed

Name of Commodity	%Hauled	Minimum Value	Maximum Value

DRIVER(S) INFORMATION:

* Specify the number of year's commercial driving experience each driver has. If there are any drivers with a "not at fault" accident, please provide a copy of the policy report with your submission.

Full Name	DOB	License Number	Exp. Years
	Please see the Attachments		



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VEHICLE(S) INFORMATION:

*If there are 5 or more power units, please provide a completed ACORD or completed company application instead of this form for quoting.

VIN Number	Year	Make	Type	Stated Value	Radius
	Please see the Attachments				

PRIOR INSURANCE HISTORY FOR THE PAST 3 YEARS:

Please see the loss runs for any loss over \$25,000 for physical Damage or Motor Truck Cargo past 3 years with explanation in the attachments files.

COVERAGES INFORMATION

Auto Liability:

☐ \$100K CSL ☐ \$300K CSL ☐ \$500K CSL ☐ \$750K CSL ☐ \$1M CSL ☐ Other: _____

Deductible: _____

Uninsured Motorist BI:

☐ \$15,000 / \$ 30,000 ☐ \$25,000 / \$50,000 ☐ \$30,000 / \$60,000

Cargo:

☐ \$100,000 ☐ \$250,000 ☐ \$ _____ Deductible: _____

Trailer Interchange:

☐ \$15,000 ☐ \$25,000 ☐ \$ _____ Deductible: _____

Physical Damage:

☐ \$ _____ ☐ per unit \$ _____ Deductible: _____

Please sign, indicating policy(s) is/are to be bound based on quoted coverage(s). Policy(s) are not bound until premium is received and insured has received a binder reflecting coverage(s) bound. By binding you are becoming a member of Continental Trucking Association . Surplus Lines Tax and Fees are applicable.

X _____

Date: ____ / ____ / ____