



**AJM INSURANCE**  
& Trucking SERVICES LLC

## COMMERCIAL AUTO QUICK QUOTE FORM

Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Entity #: \_\_\_\_\_ Agent: \_\_\_\_\_

Name Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

Owner: ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ Other:

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Garaging Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Years in Business: \_\_\_\_\_ EIN #: \_\_\_\_\_

### COVERAGE

TYPE	LIMIT	DEDUCTIBLE	TARGET
TOTAL:			

### COMMODITIES:

	%
	%
	%
	%
	%
	%
	%
REEFER BREAKDOWN	<input type="checkbox"/>

### DRIVER SCHEDULE:

	NAME	STATE	DL#	DOB	EXP	HIRED
1.						
2.						
3.						
4.						
5.						
6.						

### FILINGS REQUIRED:

<input type="checkbox"/>	ICC (MC#)
<input type="checkbox"/>	USDOT#
<input type="checkbox"/>	DMV (CA#)
<input type="checkbox"/>	TX#
<input type="checkbox"/>	OR#
<input type="checkbox"/>	UIIA#
<input type="checkbox"/>	OTHER

### VEHICLE SCHEDULE:

#	YEAR	MAKE	TYPE	VIN#	GW	RADIUS	STATED VALUE
1.							
2.							
3.							
4.							
5.							
6.							

### INSURANCE HISTORY FOR THE PAST 3 YEARS:

POLICY PERIOD (MM/YY)	COMPANY NAME	LIABILITY LOSSES		PHD LOSSES		CARGO LOSSES	
		#	AMOUNT	#	AMOUNT	#	AMOUNT