

# Small Fleet Truck Quick Quote Form

(for submissions with 4 or less vehicles)



\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Send Small Fleet Truck submissions to: [leo@taylorhayesinsurance.com](mailto:leo@taylorhayesinsurance.com)

Date: \_\_\_\_\_

Desired effective date: \_\_\_\_\_

## Agency Information

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Insured Information

Insured Name: \_\_\_\_\_ Garage Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Insured FEIN or SSN: \_\_\_\_\_

ICC# / MC#: \_\_\_\_\_ US DOT #: \_\_\_\_\_

### Average Miles Driven:

1 – 200: \_\_\_\_\_ % 201 – 1000: \_\_\_\_\_ % Over 1000: \_\_\_\_\_ %

# of units owned: \_\_\_\_\_

Does insured have plans to add more vehicles?  Yes  No

If yes, how many units do they plan to add? \_\_\_\_\_

Does the named insured / owner have a Class A CDL?  Yes  No

Number years liability coverage under the above name: \_\_\_\_\_

Has the insured canceled/non-renewed in last 3 years?  Yes  No

Who has the insured been working for in the past 12 months? (Name & DOT #) \_\_\_\_\_

Does the insured act as a freight broker, freight forwarder, or arrange any loads for other companies? \_\_\_\_\_

States entered: \_\_\_\_\_

Major cities entered: \_\_\_\_\_

Entering Canada?  Yes  No

Entering Mexico?  Yes  No

Does the insured use team drivers?  Yes  No

Do they allow non-employee passengers?:  Yes  No

### Commodities:

Dry van: \_\_\_\_\_ % Refrigerated: \_\_\_\_\_ % Containerized freight: \_\_\_\_\_ % Other: \_\_\_\_\_

## Equipment Information \*\*\*\*Physical Damage: If requesting a quote for this coverage list stated amount below:

Year	Make	ELD (Y/N)	Type	VIN (Full VIN is required)	Stated amount
		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

**Driver Information \*\*\*\*MVR(s) on all drivers are required.**

Driver name	State	DOB	CDL exp (Yr)	Driver license number	Full-time or Part-time

**Liability**

Liability limit:	\$	Personal injury protection limit:	\$
Uninsured motorist limit:	\$	Trailer interchange limit:	\$
Underinsured motorist limit:	\$	Trucker GL limit:	\$
Non-trucking payroll:	\$		

**Motor Truck Cargo**

Cargo Limit:	\$	Reefer Breakdown:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Commodity	% of Loads	Maximum	Average
	%	\$	\$
	%	\$	\$
	%	\$	\$

**Loss History \*\*\*\*Loss runs are required if prospect client has prior coverage.**

Year	Carrier	Number of claims	Loss information