

Small Fleet Truck Quick Quote Form



*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

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? _____

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