



Non-Fleet Quote Sheet
1 to 4 Power Units

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

Agency Information

Agent Code: \_\_\_\_\_ Agent Name: \_\_\_\_\_ State: \_\_\_\_\_
Person to Contact: \_\_\_\_\_

Insured Information

Insured Name: \_\_\_\_\_ Owners Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Insured DOT #: \_\_\_\_\_ Brokerage (Y/N): \_\_\_\_\_
Insured MC#: \_\_\_\_\_
Other State Filings (Please provide ID #s if applicable): \_\_\_\_\_ Years in Business: \_\_\_\_\_
States Entered: \_\_\_\_\_ Does the Insured do Doubles or Triples (Y/N): \_\_\_\_\_
Major Cities Driving Into or Through: \_\_\_\_\_

Prior Carrier Info for the past 3 years

Table with 5 columns: Year, Company Name and Policy Number, Losses (Y/N), Details, Driver Involved

If no prior insurance in own name, provide 3 years of driver employment history:

Three empty rows for driver employment history.

Driver Information

Table with 8 columns: Driver Name, Date of Birth, License Number, State, Date Hired, # of Yrs CDL, Last 3 Years Violations, # of Accidents

Vehicle Information

Table with 7 columns: Year, Make, Model, GVW, Present Value, Radius Miles, Comments

Coverage & Limits:

Liability section with checkboxes for Primary and Non-Trucking.

Physical Damage and Deductible section with checkboxes for Specified Perils, Comprehensive, and Collision.

Table for Auto Liability Limits with rows for UM, UIM, PIP Coverage, Medical Payments, Hired Car, Non-Owned, GL Coverage, and Other.

Maximum Cargo Limit: \_\_\_\_\_
Cargo Deductible: \_\_\_\_\_

Table with 3 columns: Commodity Transport, % of Total, Value Per Truckload

What kind of growth and/or changes expected in the next 12 months?

Comments:

Large empty box for comments.