



A DIVISION OF HEFFERNAN INSURANCE BROKERS

Because You're Different

INSURANCE QUOTE INFORMATION

(Rev. 07-19-16)

Form section for contact information including fields for Indv, Corp, LLC, Other, OK InsCo pull credit score?, Last 4 digits of Owner SS#, Contact, Name, DBA, Mail Address, Garage/Physical Address, County, Fed ID/SS#, Year Bus Started, Years Exp, and Notes.

Description of Operations section including fields for For Hire, Private, Non-Trucking, Other, Interstate, Intrastate, Type of Operation, Current Annual Mileage, Revenue, Average Radius, Maximum, Projected Mileage, Revenue, Average Radius, Maximum, States and Percent, Metro Cities and Percent, and Notes.

Filings section including fields for Common, Contract, Exempt, Broker, MC #, DOT#, MCS90, BMC91, BMC34, State Filings Required, and TX FILING?

EQUIPMENT

Table with 7 columns: Year, Make, Body Type, VIN #, GVW, Value (If Phyd), Loss Payee. The table contains multiple empty rows for data entry.

Form section for equipment details including fields for Double Trailers?, Equipment Leased to Others?, and Notes.

DRIVERS

| Full Name | DOB | License # | State | SS# | Yrs Exp | Date Hired | TKT | ACC |
|-----------|-----|-----------|-------|-----|---------|------------|-----|-----|
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ANY UNDER AGE 25: _____ OVER 65: _____ (Include Long Form Physical)

Notes: _____

EXPERIENCE - LOSS HISTORY

| Eff Date From - To | Ins Carrier | Policy # | Type | Premium | Loss Description | Paid Amt |
|--------------------|-------------|----------|------|---------|------------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Notes: _____

COVERAGES

AUTO LIABILITY: CSL Limit: _____ Med Pay: _____ UM & UIM: _____
 Hired Auto: _____ Non Owned Auto: _____ Other _____
 Deductibles: Comp \$ _____ SP Perils \$ _____ Coll \$ _____ PIP \$ _____
 Bailee Limit \$ _____ Ded \$ _____ Trailer Interchange Limit \$ _____ Ded \$ _____
 Notes: _____

CARGO: Limit \$ _____ Deductible \$ _____
Specific Commodities Hauled & Percentage (DO NOT USE "Dry" - "General Freight")

| | | | | | |
|-------|----------|---------|-------|----------|---------|
| _____ | \$ _____ | % _____ | _____ | \$ _____ | % _____ |
| _____ | \$ _____ | % _____ | _____ | \$ _____ | % _____ |
| _____ | \$ _____ | % _____ | _____ | \$ _____ | % _____ |

Notes: _____

GENERAL LIABILITY: Aggregate Limit _____ OCC LIMIT _____ CODE _____ DED _____
 Payroll \$ _____ Revenue \$ _____ Non Driver Payroll \$ _____
 Notes: _____

INLAND MARINE _____ **WC (Is it Required for ALL LLCs & Corps in Insd State?)** _____
OTHER: _____