

Non-Fleet Trucking Quote Sheet

(1-10 Power Units)

All questions must be answered

Insured Information:		
Insured Name including DBA:		
Mailing Address:		
Garaging Location:		
Owner:		
Years in business with primary liability coverage in place:		Date Business Started:
*if a new venture, please complete the Truck New Venture Supplement located on our website		
Phone:	US DOT #:	MC #:
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	Filings Required: <input type="checkbox"/> State	
<input type="checkbox"/> Other	<input type="checkbox"/> Federal	

Agent Information:	
Agency:	Agency Code:
Agent:	
Phone:	Email:

Operation Information:	
<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other	
Major Cities traveled through or into:	
Does the insured haul doubles or triples? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the insured broker loads? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Brokerage authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Years in trucking industry?	Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate

Driver Information: (must be completed for all drivers including owner)					
Driver Name:	Date of Birth	DL #	State	CDL Class (A, B, C)	# Years Exp with CDL Class
1. Owner:					
2.					
3.					
4.					
5.					
6.					

**If more space is needed, complete the Additional Driver Schedule located on our website

Driver Information Continued:				
Date of Hire	# Violations	# Accidents	Owner/Op (Y/N)	Details (accidents are considered at fault unless police report confirming not at fault is provided)
1.				
2.				
3.				
4.				
5.				
6.				

Commodities Transported:			
Commodity:	% of Loads	Average Value	Max Value

Vehicle/Trailer Information: (all units you own &/or operate must be scheduled and insured if filings are to be made)									
	Year	Make	Model	Body Type*	17-digit VIN	GVW	Stated Value	Max Radius	Owners Name
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

*Body Type: TR = Tractor TK = Truck DTK = Dump Truck TW = Tow Truck/Wrecker FBT = Flatbed Truck
 DV = Dry Van Trailer DT = Dump Trailer FB = Flatbed Trailer RT = Reefer Trailer CC = Car Carrier
 TT = Tanker Trailer LT = Livestock Trailer

**If more space is needed, complete the Additional Vehicle/Trailer Schedule located on our website.

Insurance History and Loss Experience:								
Has insured been cancelled or non-renewed in last years? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, provide details:								
Years of prior insurance under this name?								
Eff Date	Exp Date	Carrier	Coverage Type*	Policy #	# of units insured	# of losses	Amount Paid	Driver Involved

*Coverage Type: L = Primary Auto Liability P = Physical Damage C = Cargo
 N = Non Trucking Liability G = General Liability

Coverages and Limits:			
Auto Liability:	\$	Cargo:	
Uninsured Motorist:	\$	Limit: \$	
Underinsured Motorist:	\$	Deductible: \$	
Medical Payments:	\$	Physical Damage Coverage and Deductibles:	
PIP:	\$	<input type="checkbox"/> Comp \$ <input type="checkbox"/> SCL \$ <input type="checkbox"/> Collision \$	
Hired Auto Liability:	\$	Cost of Hire:	Michigan Only: <input type="checkbox"/> Limited <input type="checkbox"/> Regular <input type="checkbox"/> Broadened
Non-Owned Auto Liability:	\$	# of Employees:	General Liability:
Trailer Interchange:	\$	Deductible: \$	Each Occurrence: \$ General Aggregate: \$

If you'd like to email this to us you can do so by going to file, send and then choosing mail recipient (as attachment).

You will need to use this address: arquotebind@arlingtonroe.com.

Disclaimer

The signatory below is an authorized representative of the proposed insured and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name (*please print*)

Date

State Producer License Number