

Non-Trucking Quote Sheet

(Bobtail/Deadhead)

All questions must be answered

Insured Information:	
Insured Name including DBA:	
Mailing Address:	
Garaging Location:	Requested Eff. Date
Owner:	Phone:
Date Business Started:	Years in business with prior insurance under this name:
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	

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

Operation Information:	
Major Cities traveled through or into:	
Is primary liability provided by the company you are hauling for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & DOT # of the company you are leased to? Name:	DOT #:
If hauling for anyone other than the company listed above, provide their name & DOT #	
Is there a written lease agreement in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What % of the time do you operate under lease?	
Years in trucking industry?	Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate
What commodities are hauled while under lease?	
1.	2.
3.	4.
5.	6.
Do you haul containers? Yes No	

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.					

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.				

Vehicle Information:									
	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 TT = 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

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:									
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:	\$
Uninsured Motorist:	\$
Underinsured Motorist:	\$
Medical Payments:	\$
PIP:	\$
Physical Damage:	
Comp	\$
Collision	\$
SCL	\$
Michigan Only:	Limited Regular Broadened

Disclaimer

The undersigned is an authorized representative of the applicant 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