

QUICK QUOTE APPLICATION – COMMERCIAL AUTO – TRUCKING

APPLICANT COMPANY INFORMATION

BUSINESS NAME:		DOT#:		EFFECTIVE DATE:	
DBA NAME:					
CONTACT NAME #1:					
CONTACT NAME #2:					
PHONE #1:		PHONE #2:			
CELL #:		FAX #:			
EMAIL:					
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
TAX ID # (or) SS #:		MC #:		AVG RADIUS OF OPERATIONS 90% OF	
YEAR BUSINESS STARTED:		YEARS EXPERIENCED:		TERRITORY:	
COMODITY HAULED:	(Be specific)		Avg Value		Max Value
MAJOR CITIES ENTERED:					
NATURE OF BUSINESS:					

DOES APPLICANT?

1.) HAUL FOR HIRE?		2.) HAUL OWN LOADS?		3.) HAUL FOR ONE CONCERN?		4.) NEED STATE / MC FILINGS	
5.) CARRY WORK COMP?		6.) OWN/USE OTHER UNITS?		7.) ENGAGE IN PUBLIC LIVERY?		8.) USE OWNER OPERATORS?	

APPLICANT DRIVER INFORMATION

	DRIVER: NAME / D.O.B. / DL#	DRIVER: DATE OF HIRE / POSITION
1.)		
2.)		
3.)		
4.)		
5.)		

APPLICANT VEHICLE INFORMATION

	VEHICLE: YEAR / MAKE / MODEL & VIN	Gross Vehicle Weight / STATED AMOUNT Value
1.)		
2.)		
3.)		
4.)		
5.)		

APPLICANT TRAILER INFORMATION

	TRAILER: YEAR / TYPE / LENGTH	TRAILER: G.V.W. / STATED AMOUNT
1.)		
2.)		
3.)		
4.)		
5.)		

COVERAGE LIMITS

LIABILITY:		MED. PAYMENTS:		COMP. DEDUCT:		COLL DEDUCT:	
ON HOOK:		U.M.:		Gen. LIAB:		GKLL:	
						CARGO:	

LOSS HISTORY

PRIOR CARRIER:		PREMIUM:
DESCRIPTION OF LOSSES IN PAST 3 YEARS:		

PREVIOUS EMPLOYMENT HISTORY

EMPLOYER NAME:	ADDRESS:	YEARS EMPLOYED WITH:

Arceri & Associates, Inc. Christopher Arceri	504-484-6393 chris@arceri-insurance.com
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