

TRUCKING QUOTE:

FAX# 800-242-5802

NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_ PA PUC or ICC #: \_\_\_\_\_ / \_\_\_\_\_

CURRENT INSURANCE COMPANY/AGENT: \_\_\_\_\_

POLICY#: \_\_\_\_\_ POLICY EXPIRATION DATE: \_\_\_\_\_

PRIMARY LIABILITY  BOBTAIL-DEADHEAD LIABILITY

LEASED TO: \_\_\_\_\_

LIABILITY LIMIT: \_\_\_\_\_ PHYSICAL DAMAGE DEDUCTIBLE: \$ \_\_\_\_\_

CARGO LIMIT: \$ \_\_\_\_\_ CARGO DEDUCTIBLE: \$ \_\_\_\_\_

VEHICLE INFORMATION:

	YEAR	MAKE	MODEL	GVW	VALUE
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
4.	_____	_____	_____	_____	\$ _____

**If more than 2 power units, please include 3 years of Loss Run Report & last 4 quarters of IFTA Report.**

MAJOR CITIES TRAVELED TO/THROUGH: \_\_\_\_\_

RADIUS: \_\_\_\_\_ OVERSIZE/OVERWEIGHT LOADS: YES  NO

PRODUCTS HAULED: \_\_\_\_\_

DRIVER INFORMATION:

	NAME	DATE OF BIRTH	LICENSE #	YEARS EXPERIENCE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

HAVE ANY DRIVERS HAD ANY ACCIDENTS OR VIOLATIONS IN THE LAST THREE YEARS? YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_