

TRUCKER FOR HIRE - QUOTE REQUEST

Commercial Department
Tel # 714-667-5299 . ---- Fax # 714-667-5948

Producer Name _____ Code# _____ Date: _____
 Telephone# _____ Fax# _____ Email Address: _____
 Applicant Name: _____ Business Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 Garaging Address: _____ City: _____ Zip: _____

Description of commodities hauled: Provide the 4 most common commodities and % of each
 _____ % _____ % _____
 _____ % _____ % _____

Radius: _____ (furthest one way distance in miles)	Will applicant be crossing state lines: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list states entered: _____
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Years Trucking Experience: _____
 How many years prior insurance under the business name listed above? _____

PRIOR INSURANCE INFORMATION -- *4 years prior continuous coverage can qualify for considerable discounts.					
	Eff dates (month/year)	Company Name	# of Losses	Paid Out	Annual Premium
Current					
Year Prior					
Year Prior					
Year Prior					

DRIVERS SCHEDULE - If no MVR attached, the MVR activity must section must be complete for indication premium only							
*2 years verifiable experience with commercial class license required				MVR ACTIVITY LAST 36 MONTHS			
Name	Class Lic.	Date of Birth	Yrs Coml Exper.	# Moving Viol	# Non-Moving viol	Major Viol.	# Accidents

Will applicant be hauling under authority of other trucking firm? No Yes If yes, provide MC#: _____

LIABILITY LIMITS			CARGO	FILINGS
Liability:	Medical	UM Limit:	Max value per load	CA#
_____ \$750,000 CSL	_____ \$1,000	_____ \$30,000	\$ _____	MC# _____
_____ \$1,000,000 CSL	_____ \$5,000	_____ \$60,000	Deductible	DOT# _____
		Other:\$ _____	\$ _____	

TRACTOR / POWER UNIT					Physical Damage	
*5+ units require completed app & 3 years loss runs					Stated Value	Deductible
Year	Make - Model	Body Type	VIN			
1						
2						
3						
4						

TRAILER					Physical Damage	
Year	Make - Model	Body Type	VIN	Stated Value	Deductible	
1						
2						
3						
4						

*If UIIA/UIIE Endorsement Required Please complete the following...

Trailer Interchange Agreement Required Trailer Value: _____ *Refer to applicants Equipment Provider Checklist to confirm value	Hired Auto Liability Coverage (select one) <input type="checkbox"/> Cost of hire: _____ <input type="checkbox"/> If Any (Required by contract)	Non-owned Auto Liab <input type="checkbox"/> # of Employees: _____ <input type="checkbox"/> If Any (Required by contract)
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