

**PRIORITY**

# Quick Quote Application

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FEIN# \_\_\_\_\_ and/or Soc-Sec-# \_\_\_\_\_

EFFECTIVE \_\_\_\_\_ AGENCY \_\_\_\_\_  Primary Auto  Cargo  
 DATE: \_\_\_\_\_ CONTACT: \_\_\_\_\_  Physical Damage  General Liability (ACORD App.)  
 Renewal Last Yr's Policy #: \_\_\_\_\_  Corporation  Individual  Partner  Other: \_\_\_\_\_

1. Applicant: \_\_\_\_\_  
*Name Complete Address*

If not own authority, list prime hauler: \_\_\_\_\_

2. Proposed Effective Date: \_\_\_\_\_

3. Vehicles to be covered and coverages requested: Liability Limit \_\_\_\_\_ UM \_\_\_\_\_

4. Commodities Hauled and % of each: (No more than 10% General Freight) \_\_\_\_\_ %  
\_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %

5. Radius \_\_\_\_\_ Largest cities (pick up/drop off): \_\_\_\_\_

6. Years in business under the above name: \_\_\_\_\_

7. Drivers: (Attach MVR's for all drivers)

	Name	Yrs. Exp.	8. Target pricing needed for this quote: _____
1.			
2.			
3.			
4.			
5.			

	Yr/Make/Model	Comp-SP-Coll. Deds	GVW	Stated Amt.
1.				
2.				
3.				
4.				
5.				

9. Unhooked Coverage for scheduled Trailers?  Yes  No Are Trailers enclosed in a fenced lot and isolated from public?  
 Yes  No Are all units operated under authority scheduled?  Yes  No

10. Filings Required: MC # \_\_\_\_\_  State(s): \_\_\_\_\_

11. Previous Carrier: (Past 3 years) \_\_\_\_\_  
Canceled/Non-renewed?  No  Yes

12. Attach Loss History (Past 3 years for all lines being quoted)

13. CARGO: Per Vehicle Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

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