



This is an indication only and subject to inspection and carrier approval of your application and rating.

Motor Truck Cargo Quote

Agency Name:				
From:		E-Mail Address:		
Phone:		Fax # :		
Name Insured:				
DBA(if any):			Phone:	
Mailing Address:				
City:			Zip:	
Previous Carrier:				
Losses (if any):				
Canceled or non-renewed (reason):				
Business of Insured/Cargo Hauled:				
County:		Garaging Territory:		
Radius:		Largest City entered (what % of the time):		
Hauling for hire?		States Operating in:		
Filings required:				
Does insured travel into New York City, Nevada or California?				
Are Vehicles left overnight at terminals?		Yes	No	
If yes, explain below:				
Cargo Value Limit:		All Risk:		
Deductible:		Named Peril:		
Vehicle Information: (More than 5 units – Must be submitted with loss runs)				
	Year	Make	Model	Cargo Limit
1				
2				
3				
4				
5				
	Driver's Name	Date of Birth	DL# & State	Violation Description
1				
2				
3				
4				
5				
Comments				