



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:	
Losses (if any):					
Business Type:            Corp            Partnership            Individual            LLC            Other					
Business of Insured/Cargo Hauled:					
County:			Garaging Territory:		
Radius:			Does insured travel into New York City?    Yes    No		
What percent of the time:					
States operating in:					
Filings required: Not Available					
Cargo Value Limit:			All Risk:		
Deductible:			Named Peril:		
Vehicle Information: (More than 5 units – Must be submitted with loss runs					
	Year	Make	Model Value	GVW	Actual Cash Value
1					
2					
3					
4					
5					
	Date of Birth	Violation Description			
1					
2					
3					
4					
5					
Comments					
Largest City entered:					
Are Vehicles left overnight at terminals?            Yes            No            If yes, explain below:					