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 Des Plaines, IL 60016  
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# Insurance Quote Request

## Requestor Name (Customer Name)

Date

### Physical Address:

Customer Name:  Founded

Contact Name:

US DOT #  MC #  EIN #

Contact Ph #  Ext. #  Fax #

Address

City  State  Zip Code

Owner Company Name:  D.O.B  SSN #

*We need If the Policy will be in his name*

Address  City  State  Zip Code

DL #   CDL or  DL How many years the Owner has expirns in Trucking Business

Does the owner has any conviction / accident?  
 Yes  No

Does the Owner will be Driver?  
 Yes  No

email

### Mailing Address: (if different than physical address)

Address 1

Address 2

City  State  Zip Code

### Garaging Address: (if different than physical address)

Address 1

Address 2

City  State  Zip Code

### Quote for:

**Primary Liability Insurance**

*With Radius will you be transport load (please chose one)*

to 100 Mile  to 300 Mile  to 500 Mile  Unlimited

*With Limit of Liability you request (please chose one. For the truck gross vehicle less 10,000 pound just only limit \$300K)*

\$300,000  \$750,000  \$1,000,000

*Do you need the State Filling? (please chose one)*

Yes  No

**None Trucking Liability Insurance**

*With Limit of Liability you request (please chose one)*

\$1,000,000  \$750,000

**You don't need the Non Trucking Liability Insurance if you have own MC and US DOT Number !**

**Physical Damage Insurance**  
*For Owner Operator Only*

\$1,000  \$2,500  \$5,000

**DEDUCTIBLE (Chose one)**

*COVERAGE LIMIT (please chose more if you needs estimate quote)*

**General Liability Insurance**  \$1,000,000  \$2,000,000 How much

**Cargo Liability Insurance**  \$100,000  \$250,000  \$500,000 Other   
COVERAGE LIMIT (please chose more if you needs estimate quote)  
 \$1,000  \$2,500  \$5,000  
DEDUCTIBLE (please chose more if you needs estimate quote)

**Do you need the State Filling for Cargo Liability Insurance? (please chose one)**  Yes  No

**TYPE OF TRAILER YOU USE**  Dry Van  Reefer  Auto Hauler Trailer  New  Use  How many Cars   
If you chose Auto Hauler Trailer please chose (new / Use) and write for how many cars.  
 Flatbed **If you chose Flatbed Trailer please answer:**  Yes  No  
**Do you needs filling for any oversized and overweight loads?**

Garage / Warehouse / Office / Terminal Insurance

Other Specify:

**Other Requirements:**

**List of Equipment's**

Equipment  Year  Make  Vin #  Purchase Cost  Stated Amount   
Write if you need the Physical Damage Insurance

Did you own this Equipment (please chose one)   
Choose  Write if you need the Physical Damage Insurance  Write if you need the Physical Damage Insurance   
Lien holder / Lessor Name Loss Payee / Lessor address Gross Weight

Equipment  Year  Make  Vin #  Purchase Cost  Stated Amount   
Write if you need the Physical Damage Insurance

Did you own this Equipment (please chose one)   
Choose  Write if you need the Physical Damage Insurance  Write if you need the Physical Damage Insurance   
Lien holder / Lessor Name Loss Payee / Lessor address Gross Weight

Equipment  Year  Make  Vin #  Purchase Cost  Stated Amount   
Write if you need the Physical Damage Insurance

Did you own this Equipment (please chose one)   
Choose  Write if you need the Physical Damage Insurance  Write if you need the Physical Damage Insurance   
Lien holder / Lessor Name Loss Payee / Lessor address Gross Weight

**List of Driver's**

1    D.O.B  Year of Experience   
First Name M.I. Last Name

DL #  State   CDL or  DL **Does the driver has:** **Does the driver have any conviction / accident?**  Yes  No **Does the driver is married?**  Yes  No

Address  City  Zip Code

2    D.O.B  Year of Experience   
First Name M.I. Last Name

DL #  State   CDL or  DL **Does the driver has:** **Does the driver have any conviction / accident?**  Yes  No **Does the driver is married?**  Yes  No

Address  City  Zip Code

Date

Write First and Last Name

Signature

