

Quick Quote 1-3 Trucking Units

Requested Effective Date:		Agent:		Agency:	
Agent email:				Agent Phone #:	
Insured Name including DBA:				MC Number:	US DOT Number:
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					Yrs in Trucking Ind.
Are Filings Required: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Location	Address		City	State	Zip Code:
Mailing					
Garaging					

Description of Operations:		<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non Trucking <input type="checkbox"/> Other _____			
Maximum Radius:		Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate			
What percentage of loads are: 0-100 miles: _____ % 101-300 miles: _____ % 301-500 miles: _____ % 501+ miles: _____ %			Please list major Metropolitan Areas traveled through or into: _____ _____ _____		
Operation History					
	Projected	Past Year	Past Year 2	Past Year 3	
Revenue					
Mileage					
# Units Operated					

Commodities Transported		Requested Limit:		Deductible:	
Commodity	% of Loads	Maximum Value	Average Value	Comments: If Autos % New/%Used	
Optional Coverages: <input type="checkbox"/> Earned Freight <input type="checkbox"/> Refrigeration Breakdown					

Insurance History and Loss Experience					Years Prior Insurance Under Business Name: _____				
Has any insurance company canceled or nonrenewed your policy in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in Comments section below.					Type: P = Physical Damage C = Cargo L = Primary Liability N = Non Truck Liab				
From	To	Ins. Co	Type	Pol #	# Units Insured	Any Losses	# Losses	Amount	Driver Involved

Driver Information		Must be completed on all drivers. (Include owner)			
Driver Name		Date of Birth	License Number	State	#Yrs Driving Similar Equip
1	Owner:				
2					
3					
4					

Driver Information Continued (last 3 years)				
	Date of Hire	#Violations	# Accidents	Details (Accidents are considered at fault unless report showing not at fault is submitted)
1				
2				
3				
4				

Schedule of Autos to be Insured			All units you own or are leased to you must be scheduled and insured if filings are to be made.					
Type: TR = Tractor TK = Truck TL = Trailer V = Van			Trailers: D = Dump F = Flat Bed R = Reefer CC = Car Carrier DV = Dry Van T = Tanker					
Model YR	Trade Name	Type	Trailer Type	Vin	GVW/G CQW	Stated Value	Max Radius	Owner's Name

Coverages and Limits <input type="checkbox"/> Med Pay: \$ <input type="checkbox"/> Physical Damage Deductible: \$	Auto Liability: CSL \$ UM/UIM Limits: \$ PIP Coverage Limit: \$ <input type="checkbox"/> General Liability # Executive officers	<input type="checkbox"/> Non-Owned Auto: # of Employees: <input type="checkbox"/> Hired Auto Cost of Hire: If Any Basis <input type="checkbox"/> Payroll: \$
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Comments:



Let us Help you to write more Non-fleet Business

To ensure our underwriters can provide you with the quickest and most competitive quote, please follow our guidelines below:

1 - 3 Power Units

- JM Wilson has created a 2 page quick quote form which can provide our underwriters with the necessary information to approach all available markets we have to offer.
 - This can be found on our website (www.jmwilson.com) located in any transportation application folder.
- We are more than happy to quote from another application or your agency's quick quote form as long as they provide the same information.

4-10 Power Units

- Completed company application
- Drivers list including dates of hire, license number and years of commercial driving experience
 - Dates of hire and years of experience allow us to reach the maximum driver credits available for each risk
- 3 year current valued loss runs
 - Loss runs allow us to contact the company for more competitive pricing
- IFTA Mileage Reports
 - IFTAs give us the ability to mix-rate an account to more accurately reflect what the insured is truly doing and to be more competitive in pricing
 - Mileage also gives us the ability to pursue other markets who have certain radius restrictions
- List any dedicated runs, long time shippers
 - This information allows us to be competitive with markets who give additional credits for stable, dedicated carriers

Thank you for your cooperation and continued business!

Trucking New Venture Questionnaire

Insured Name including DBA: _____

Garaging Location: _____

Website address: _____

- 1 Number of years ins this business? _____
- 2 Have you ever operated under another name? Yes No
If yes, explain in the comment section below.
- 3 What are the insured's plans for growth? Does the insured anticipate obtaining/adding units in the current year? If yes, explain in comment section below. Yes No
- 4 Does anyone other than the named insured own the power units listed? Yes No
If yes, explain in the comment section below.
- 5 Have you ever had your own authority? Yes No
If yes, explain in the comment section below.

6 Number of years with Tractor/Trailer experience: _____

9 Date original CDL license was issued: _____

11 If you were a company driver or previously lease to a motor carrier, provide the prior employment information:

Year	Company or Motor Carrier City, State & Phone #	Claims or Accidents/Losses During the past 3 years

Additional Comments: _____

The undersigned, an authorized representative of the insured shown above, represents that all information contained in this document is true and accurate in content. You authorize investigation of all statements contained herein and the references and employers shown above to give us and and all information concerning my previous employment and any pertinent information they may have and release the company from all liability for any damage that may result from utilization of such information.

Signed: _____

Date: _____

Title: _____