Print Form

MOTOR TRUCK CARGO MONSTER (14) PACKAGE

MOTOR TRUCK CARGO SHORT FORM QUOTE SHEET Date:

RETAIL BROKER: Transportation Resources WHOLESALE BROKER:

INSURED: TYPE OF CARRIER:

HOME CITY / STATE: DOCKET NO.:

1) GROSS RECEIPTS PAST 3 YRS

1)

2)

3)

EST NEXT YR

2) NUMEBER OF VEHICLES

Owned/Leased Power units:

O/Leased dry trailers:

O/Leased reefer trailers/trucks:

O/Operators long term:

3) No. of Drivers of which under 25 and over 65

4) MAIN CARGOS HAULED % OF TOTAL AVERAGE VALUE MAXIMUM VALUE

5) Approximate number of loads per truck per annum:

6) Is reefer breakdown required?

7) Years in business:

8) LIMIT REQUIRED:

PER TRUCK:

PER LOSS:

DEDUCTIBLE:

TERMINAL 1:

TERMINAL 2:

9) GENERAL INFORMATION:

% OF LOADS 0-250 MILES:

% OF LOADS 251-1000 MILES:

%OF LOADS 1001+ MILES:

%OF WORK SUBCONTRACTED OUT:

NO. OF FILINGS NEEDED:

10) 5 YEAR CLAIMS INFORMATION

LOSS DATE DED WHAT HAPPENED? PAID / OUTSTANDING

CURRENT INSURER:

IS RENEWAL OFFERED?

COVERAGE REQUIRED: BROAD FORM ☐

DATE INSURANCE REQUIRED:

OTHER REVELANT INFORMATION:

POLICY EXPIRES:

CURRENT PREMIUM:

OR NAMED PERIL FORM ☐

THIS IS A SHORT FORM QUOTE SHEET. A FULL PROPOSAL FORM SIGNED BY THE INSURED WILL BE REQUIRED IN THE EVENT THAT AN ORDER IS GIVEN.