



1585 Ellinwood Ave Ste 206
 Des Plaines, IL 60016
 Ph.: (312) 428 - 6100
 Fax:(312) 934 - 0090

Insurance Quote Request

Requestor Name (Customer Name)

Date

Physical Address:

Customer Name:

Contact Name:

Address

City State Zip Code

Contact Ph # Ext. # Fax # email

US DOT # MC # EIN #

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 wechle 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 !
For Owner Operator Only

- Cargo Liability Insurance COVERAGE LIMIT (please chose more if you needs estimate quote)
 \$100,000 \$250,000 \$500,000 Other
DEDUCTIBLE (please chose more if you needs estimate quote)
 \$1,000 \$2,500 \$5,000
TYPE OF TRAILER YOU USE If you chose Auto Hauler Trailer please chose (new / Use) and write for how many cars.
 Dry Van Reefer Auto Hauler New Use How many
If you chose Flatbed Trailer please answer: Do you needs filling for any oversized and overweight loads.
 Flatbed Yes No

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

- Physical Damage Insurance \$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

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

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

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

DL # State CDL or Does the driver have any conviction / accident?
 DL Yes No

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

DL # State CDL or Does the driver have any conviction / accident?
 DL Yes No

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

DL # State CDL or Does the driver have any conviction / accident?
 DL Yes No

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

DL # State CDL or Does the driver have any conviction / accident?
 DL Yes No

Date

Write First and Last Name

Signature

