

## TRUCKERS QUICK QUOTE FORM

Today's Date: \_\_\_\_\_ Coverage Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ DBA: \_\_\_\_\_

MC Filing Number: \_\_\_\_\_ DOT Filing Number: \_\_\_\_\_

Garaging Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Commodities Hauled: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Losses in past 3 years \_\_\_\_\_ Radios of Operation: \_\_\_\_\_

### Vehicle List:

1. Year \_\_\_\_\_ Make/Model: \_\_\_\_\_ GVW: \_\_\_\_\_ Deductible: \_\_\_\_\_

VIN # \_\_\_\_\_ Value: \_\_\_\_\_

2. Year \_\_\_\_\_ Make/Model: \_\_\_\_\_ GVW: \_\_\_\_\_ Deductible: \_\_\_\_\_

VIN # \_\_\_\_\_ Value: \_\_\_\_\_

### Trailer List:

#### Unidentified Trailer:

1. Year \_\_\_\_\_ Make/Model: \_\_\_\_\_ GVW: \_\_\_\_\_ Deductible: \_\_\_\_\_

VIN # \_\_\_\_\_ Value: \_\_\_\_\_

2. Year \_\_\_\_\_ Make/Model: \_\_\_\_\_ GVW: \_\_\_\_\_ Deductible: \_\_\_\_\_

VIN # \_\_\_\_\_ Value: \_\_\_\_\_

### Driver List:

#### Is Owner a Driver?

1. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ License Number: \_\_\_\_\_

License State: \_\_\_\_\_ Years Driving Truck: \_\_\_\_\_

2. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ License Number: \_\_\_\_\_

License State: \_\_\_\_\_ Years Driving Truck: \_\_\_\_\_

Liability Limit: \_\_\_\_\_ Cargo: \_\_\_\_\_

Refer Breakdown: \_\_\_\_\_ Refer Deductible: \_\_\_\_\_

Current Insurance: Annual Premium: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Please return completed form either via email to [quotes@goodguysinsurance.net](mailto:quotes@goodguysinsurance.net) or fax to 559-981-5691. If you need assistance filling out this form, have any questions or just want to speak with a Truckers Insurance Specialist, give us a call at 559-222-4663.**