

Haymond Insurance

"Taking Care of Tomorrow"

New Venture Trucking Quote Sheet					
Print or Type Information					
Name:			Effective Date:		
Mailing Address:					
Garaging Address:					
Applicant's Email:				County:	
Contact Name:					
Phone:		Fax:		SS#:	
MC#:		Contract <input type="checkbox"/> Private <input type="checkbox"/>		Years in Business:	
DOT#:		Common <input type="checkbox"/> Exempt <input type="checkbox"/>		Years Experience in Trucking:	
Owner's Name:			DOB:		DL#:
Does the owner hold a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Fed/ID#:			# of Trucks:		# of Trailers:
LIMITS					
Auto Liability:		UM:		UIM:	
Cargo Limit:			Cargo Deductible:		
Reefer Coverage? Yes <input type="checkbox"/> No <input type="checkbox"/>					
General Liability Limit:			Non-drivers Payroll:		
Physical Damage Deductibles		SCOL:	Comp:	Coll:	TIV:
Radius of Operation:		0-100 %	100 -300 %	300-500 %	+500 %
CARGO HAULED W/ PERCENTAGE					
1.			4.		
2.			5.		
3.			6.		
List regular routes run and major cities regularly passed through.					
Estimated Annual Mileage/Unit (include most recent 4 quarters of IFTAs):			Estimated Annual Gross Receipts/Unit:		
Do you plan on adding units? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, how many?					
Base State:			Special Filings Required:		
Agent:					

