Trucking Insurance Quote Sheet

Business N	lame:				
Contact Na	ime:				
Phone:			Fax:		
Email:					
Mailing Ac	ddress:				
Physical A					
Garaging Z	Zip:				
FEIN:					
DOT #:			MC#:		
# of state fi	ilings needed:		# of federal filings needed:		
Owner Nar	ne:				
Date of Bir	th:		Social Security#:		
Married:			Single:		
CDL:	YES:	NO:	Original Date of C	DL:	
Current Insurance Carrier Information					
Current Ins	s. Co.:				
Policy #:				•	
Expiration	Date:				
Reason	for shopping co	verage:	New Business:	Non-Renewed:	
Teason	ror snopping co	, vorage.	Policy Cancelled:	Better Price:	
	_				
If Non-	Renewed, why	?			
T.C. 11	11 1 1	0			
If policy	y cancelled, wl	ny?			
		Mica In	formation Nooded		
Limit of lie	bility needed:	WHSC. III	formation Needed		
UM needed	•		No:		
			INO.		
What is being hauled? Cargo coverage needed? Yes:			N	o:	
Cargo cove	_	1 65.	18	0.	
Cargo cove	rage min.				

Driver & Auto Information On the following Pages!!!

Y		<i>)</i>	ECTION						YY)
	С	CARRIER					NAIC CO	ODE	
Free Insurance Agency									
POLICY NUMBER EFFECTIVE DATE			NAMED INSURED(S)						
						· · · · · · · · · · · · · · · · · · ·			
ERAGES / LIMITS USE ACORD 137 FOR YOUR STATE TO	DBOV	DE C	OVERAGES / LIMITS II	IEOP1	MATION				
			OVERAGES / ENVITO II	11 01(11	AHON				
ER INFORMATION ACORD 163 attached for addition by the company vehicles, and the company vehicles, and the company vehicles, and the company vehicles.			DRIVE OWN VEHICLES ON COM	PANY BII	SINESS				
NAME CITY, STATE AND ZIP CODE SEX STAT DATE OF BIRT	YRS	YEAR	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	u\$E
CITY, STATE AND ZIP CODE SEX STATE DATE OF BIR	EXP	LIC	SUCIAL SECURITY NUMBER		BIKE	NO-PAUL!	500	V = 11 #	
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^ MARITAL STATUS / C	IVII LINION	l /if appli	icable)	11			LL		J
	IVIL UNION	(п аррп	icable/						
RAL INFORMATION									Y /
<u>N ALL "YES" RESPONSES</u> ITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR W	/HICH INS	URANC	E IS REQUESTED NOT SOLEI	Y OWNE	D BY AND				+-
GISTERED TO THE APPLICANT?		_						_	
VEH # NAME OF OTHER OWNER			EH # NAME OF OTHER OWNER						
									-
OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (I	no explana	tion nee	eded)						
THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			•						

ACORD 127 (2014/12)

VEH # DESCRIPTION

ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)

DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?

6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)

COST

COST

VEH # DESCRIPTION

GENERAL INFORMATION (continued)	AGENOT GOOTOMENTE.	
EXPLAIN ALL "YES" RESPONSES		Y/N
8. ANY HOLD HARMLESS AGREEMENTS?		
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.		
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFIC	ATIONS?	
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING ME	HOD?	
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION	,	
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATI	N?	
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATI		
APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING 1 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in	RAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO an area with a maximum posted speed limit from 30 mph through t	54 mph, or
2. A speeding violation of up to ten (10) miles per hour (mph) that occurs i	n an area with a maximum posted speed limit from 55 mph through	175 mph.
DRV # DATE (MM/DD/YYYY) TYPE	PLACE (CITY, STATE)	# YRS REV
15. HAS AGENT INSPECTED VEHICLES?		
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A F	EET?	
17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD	AND TRANSMIT DATA IN ANY OF YOUR VEHICLES?	
If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 1009) Please indicate how you utilize the devices (check	all that apply):
MONITOR DRIVER SAFETY TRACK FUEL CONSUMPTION	MONITOR VEHICLE MAINTENANCE MILEAGE TRAC	CKING LOCATION TRACKING
NAVIGATION	Describe:	
DESCRIPTION OF GARAGE / STORAGE LOCATIONS		MAXIMUM DOLLAR VALUE SUBJECT TO LOSS
		\$
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	ACORD 45 attached for additional names	
INTEREST NAME AND ADDRESS RANK:	EVIDENCE: CERTIFICATE	INTEREST IN ITEM NUMBER
ADDITIONAL LOSS PAYEE		VEHICLE: LOCATION:
INSURED LOSS PATEE EMPLOYEE OWNER AS LESSOR OWNER		
LIENHOLDER REGISTRANT		
REFERENCE / LOAN #:		
INTEREST NAME AND ADDRESS RANK:	EVIDENCE: CERTIFICATE	INTEREST IN ITEM NUMBER
INSURED E033 FATEE		VEHICLE: LOCATION:
AS LESSOR		
LIENHOLDER REGISTRANT		
	The state of the s	
REFERENCE / LOAN #: REMARKS (ACORD 101, Additional Remarks Schedule, may	he attached if more appear in waguired)	
REMARKS (ACORD 101, Additional Remarks Schedule, may	be attached if more space is required)	

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ACORD 127 (2014/12)

AGENCY CUSTOMER ID:

ACORD 129 attached for additional vehicles VEHICLE DESCRIPTION COMP / OTC SYM COLL SYM / AGE VEHICLE TYPE VEH# MAKE: PP SPEC COML V.I.N.: MODEL: STATE ZiP CITY COUNTY STREET (Required in KY) GARAGING ADDRESS RADIUS COST NEW LIC STATE GVW / GCW CLASS **FACTOR** SEAT CP **FARTHEST TERMINAL** TERR COMP/ OTC SPEC C OF RENT REIMB DEDUCTIBLES ADD'L NO-FAULT CHECK COVERAGES UNDRINS MOTOR LSP ACV FOR HIRE USE COMM'L TOWING & LABOR COMP FT FG RETAIL ST AMT PLEASURE AΑ LIAB MED PAY NO-FAULT NET VEH DR/CR: UNINS MOTOR SPEC C OE I FTW COLL COL FARM SERVICE DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ YEAR BODY TYPE VEHICLE TYPE SYM / AGE VEH# MAKE: SPEC PP COML V.I.N. MODEL: COUNTY STATE ZIP CITY STREET (Required in KY) GARAGING ADDRESS COST NEW FARTHEST TERMINAL LIC STATE TERR GVW / GCW CLASS SIC FACTOR SEAT CP RADIUS COMP/ OTC SPEC C OF CHECK COVERAGES RENT **DEDUCTIBLES** LSP USE COMM'L FOR HIRE ACV COMP. TOWING & LABOR FT FG ST AMT RETAIL **PLEASURE** LIAB MED PAY AΑ NO-EAULT UNINS MOTOR FTW COLL SERVICE COLL FARM \$ DRIVE TO WORK / SCHOOL NET VEH DR/CR: < 15 MILES 15 MILES + TOTAL PREM: \$ BOD\ TYPE SYM / AGE VEH# YEAR VEHICLE TYPE MAKE: SPEC V.I.N.: MODEL: STATE ZIP CITY COUNTY STREET (Required in KY) GARAGING ADDRESS LIC COST NEW **FACTOR** SEAT CP **RADIUS FARTHEST TERMINAL** TERR GVW / GCW CLASS \$ COMP/ OTC SPEC C OF RENT REIMB DEDUCTIBLES CHECK COVERAGES ADD'L NO-FAULT UNDRINS MOTOR LSP FOR HIRE ACV COMM'L USE TOWING & LABOR COMP/ OTC FG RETAIL FT ST AMT PLEASURE MED PAY LIAB NO-UNINS MOTOR SPEC C OF L FTW COLL SERVICE COL FARM DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ SYM / AGE COMP / OTC SYM COLL VEHICLE TYPE VEH# YEAR MAKE: SPEC PP COML V.I.N.: MODEL: COUNTY STATE ZIP CITY STREET (Required in KY) GARAGING ADDRESS FARTHEST TERMINAL COST NEW SEAT CP RADIUS LIC STATE TERR GVW / GCW CLASS SIC FACTOR \$ COMP. OTC SPEC C OF CHECK COVERAGES ADD'L NO FAULT RENT **DEDUCTIBLES** COMM'L FOR HIRE F LSP AC.V USE REIMB COMP/ OTC TOWING & LABOR FT FG ST AMT RETAIL ΑА \$ PLEASURE LIAB MED PAY UNINS MOTOR FTW SERVICE COLL COL FARM **NET VEH** < 15 MILES 15 MILES + TOTAL PREM: \$ DR/CE REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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ACORD 127 (2014/12)

AGENCY CUSTOMER ID:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. STATE PRODUCER LICENSE NO (Required in Florida)

PRODUCER'S SIGNATURE	Michy	Warn	<u></u>
APPLICANT'S SIGNATURE	· ()		

PRODUCER'S NAME (Please Print)

Mickey Worden

NATIONAL PRODUCER NUMBER DATE