

Company Name _____

Owner Name _____

Email _____

Phone # _____

FEIN/SSN if sole proprietor _____

1. Years in business: _____

2. What area do you work in?

3. Liability Limits _____

4. Uninsured/Underinsured Limits _____

5. PIP/MED pay limits _____

6. How many Drivers? _____

7. How many vehicles? _____

8. Any filings needed? _____

9. Any other insurance needed? (Workers Comp, General Liability,
etc.) _____

10. Radius of operations ex. 100, 200, cross country in
miles _____

11. What do you carry? _____

12. Is there a vehicle maintenance program?

13. USDOT # _____ MC # _____ State # _____

14. Garaging Location

15. Business Address

16. Policy Expiration Date _____

17. Any Drug testing program Y/N _____

18. Please attach or send in Loss Runs. 3-5 years preferred.

