

TRUCKER FOR HIRE - QUOTE REQUEST

Commercial Department
TEL/FAX # 1866-491-7853

Producer Name _____	Code# _____	Date: _____
Telephone# _____	Fax# _____	Email Address: _____

Applicant Name: _____ Business Name: _____

Mailing Address: _____ City: _____ Zip: _____

Garaging Address: _____ City: _____ Zip: _____

Description of commodities hauled: Provide the 4 most common commodities and % of each

_____ % _____	_____ % _____	_____ % _____
_____ % _____	_____ % _____	_____ % _____

Radius: _____ (furthest one way distance in miles)	Will applicant be crossing state lines: YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list states entered: _____
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Years Trucking Experience: _____

How many years prior insurance under the business name listed above? _____

PRIOR INSURANCE INFORMATION -- *4 years prior continuous coverage can qualify for considerable discounts.					
	Eff dates (month/year)	Company Name	# of Losses	Paid Out	Annual Premium
Current					
Year Prior					
Year Prior					
Year Prior					

DRIVERS SCHEDULE - If no MVR attached, the MVR activity must section must be complete for indication premium only							
*2 years verifiable experience with commercial class license required				MVR ACTIVITY LAST 36 MONTHS			
Name	Class Lic.	Date of Birth	Yrs Coml Exper.	# Moving Viol	# Non-Moving viol	Major Viol.	# Accidents

Will applicant be hauling under authority of other trucking firm? No Yes If yes, provide MC#: _____

LIABILITY LIMITS			CARGO	FILINGS
Liability:	Medical	UM Limit:	Max value per load	CA# _____
_____ \$750,000 CSL	_____ \$1,000	_____ \$30,000	\$ _____	MC# _____
_____ \$1,000,000 CSL	_____ \$5,000	_____ \$60,000	Deductible	DOT# _____
		Other:\$ _____	\$ _____	

TRACTOR / POWER UNIT *5+ units require completed app & 3 years loss runs				Physical Damage	
Year	Make - Model	Body Type	VIN	Stated Value	Deductible
1					
2					
3					
4					

TRAILER				Physical Damage	
Year	Make - Model	Body Type	VIN	Stated Value	Deductible
1					
2					
3					
4					

***If UIIA/UIIE Endorsement Required Please complete the following...**

Trailer Interchange Agreement Required Trailer Value: _____ *Refer to applicants Equipment Provider Checklist to confirm value	Hired Auto Liability Coverage (select one) <input type="checkbox"/> Cost of hire: _____ <input type="checkbox"/> If Any (Required by contract)	Non-owned Auto Liab <input type="checkbox"/> # of Employees: _____ <input type="checkbox"/> If Any (Required by contract)
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PLEASE EMAIL TO: Info@California-Business-Insurance.com

***Turnaround time is 24-48 hours from time received if above information is FULLY COMPLETED.**

TRUCKERS - NEW VENTURE SUPPLEMENT

(Less than 2 years in business)

Applicant Name: _____ Date Coverage Desired: _____

GENERAL INFORMATION

1. Is owner the only driver? Yes No -- If no, question #11 must be fully completed
2. When did you first obtain your commercial class A license? Month _____ Year _____
3. Have you ever had prior commercial insurance in you or your business name? Yes No If yes,
 Insurance Carrier: _____ Policy Term(s): _____
 Losses: Yes No If yes, details: _____
4. Have you been driving trucks / tractors commercially for at least 2 years? _____
 Provide the following previous employer information where employed as a trucker for at least 2 years.

Name Of Prior Employer	Contact Name	Telephone #	Dates Employed <small>(must show a total of at least 2 years)</small>

5. What radius were you traveling while employed? _____
6. What radius (farthest one way distance) do you anticipate traveling at least 80% of the time? _____
7. Will you be traveling out of California? Yes No If yes list states you may travel in
 _____ How often? _____
8. What type of commodities were you hauling while employed? _____
9. What commodities will you be hauling over the next 12 months? No If yes, details:

10. Have you applied or will you be applying for the following authorities?
 MCP – State Authority – CA# _____ ICC - Federal Authority - MC# _____
 If not applying for individual authority, whose authority will you be hauling under? _____
11. Are there additional drivers that may will be driving or operating vehicles? If yes, provide driver experience for past 2 years.

Drivers Name	Name of Prior Employer	Contact Name & Tel #	Dates Employed (must total 2 years).

Applicant Signature

Date

Producer Signature

Date