



Business ◦ Personal ◦ Specialty Insurance

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Truck Insurance Quote Form

This application must be completed by the Applicant or an Authorized Representative of the Applicant's Company.
All answers must be completed.

Corporate or Individual Name (Include DBA): _____ FEIN: _____
 Mailing Address: _____
 Contact: _____ Phone: _____ Fax: _____ Email: _____
 Social Security #: _____ Date Business Started: _____ Web: _____
 Business Organization Structure: Individual/Sole Proprietor Partnership Corporation or LLC
 Type of carrier: Trucker Dump & Transit Mix Time Sensitive Food Delivery Waste Disposal Contractor
 Other (Specify): _____
 Fully describe your operation include the products and commodities hauled: _____

Do you haul your own products? Yes No Do you haul products of others? Yes No
 If both, indicate the percentage of each: Own _____% Others _____%

Current Insurance? Yes No Date coverage is being requested: _____
 Ins. Company: _____ Expiration Date: _____ Type of Ins.: _____
 Ins. Company: _____ Expiration Date: _____ Type of Ins.: _____

Coverage & Limits Requested – All Quotations will be for Specified Autos only – Check all that apply

<p>AUTO LIABILITY</p> <p><input type="checkbox"/> \$60,000 CSL <input type="checkbox"/> \$25/\$50/\$10 <input type="checkbox"/> \$100,000 CSL <input type="checkbox"/> \$50/\$100/\$25 <input type="checkbox"/> \$300,000 CSL <input type="checkbox"/> \$100/\$300/\$50 <input type="checkbox"/> \$500,000 CSL <input type="checkbox"/> \$250/\$50/\$100 <input type="checkbox"/> \$750,000 CSL <input type="checkbox"/> Other _____ <input type="checkbox"/> \$1 Million CSL \$ _____</p> <p><input type="checkbox"/> Hired/Non-Owned</p> <p>PHYSICAL DAMAGE</p> <p><input type="checkbox"/> Comprehensive \$ _____ (ded.) <input type="checkbox"/> Collision \$ _____ (ded.) *Minimum deductible is \$1,000</p>	<p><input type="checkbox"/> Downtime/Rental \$ _____ <input type="checkbox"/> Roadside Assistance \$ _____ <input type="checkbox"/> Tow Truck on Hook \$ _____ <input type="checkbox"/> Medical Payments \$ _____ <input type="checkbox"/> Un/Under Insured \$ _____ <input type="checkbox"/> Tow Truck on Hook \$ _____</p> <p>NON-TRUCKING LIABILITY</p> <p><input type="checkbox"/> \$1M/2M</p> <p>TRAILER INTERCHANGE</p> <p><input type="checkbox"/> Fire & Theft \$ _____ (ded.) <input type="checkbox"/> Fire/Theft/Collision \$ _____ (ded.) <input type="checkbox"/> Comp/Collision \$ _____ (ded.)</p>	<p>MOTOR TRUCK CARGO</p> <p><input type="checkbox"/> \$50,000 Cargo Deductible: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$250,000</p> <p>List All Cargo: _____ <input type="checkbox"/> Cargo coverage at a terminal for vehicles left even if overnight or weekends. *Provide addresses on notes section</p> <p>OTHER INSURANCE</p> <p>_____</p>
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Hold Federal Filing(s)? Yes No DOT#: _____ FMCSA#: _____
 State filings required? Yes No MC#: _____
 Special filings required? Yes No

SCHEDULE OF VEHICLES – List all Vehicles to be quoted, if more space required use additional sheet or notes section

#	Year	Make	Model	VIN	Body	Radius	Value	G.Weight

LOSS INFORMATION past 5 years on all risks – If None please indicate, if more space required use additional sheet or notes section

Date of Loss	\$ Paid	\$ Outstanding	Description	Closed Y/N

Required: current MVR of all operators, at least 3 years of loss runs (contact current Agent for these) & IFTA (Fuel Tax Report)

DRIVER INFORMATION – List operators full & part time, if more space required use additional sheet or notes section				
Name	Address	D.O.B	CDL License #/State	Yrs Exp

DRIVER ACCIDENTS & VIOLATIONS – List all violations & records, if more space required use additional sheet or notes section		
Operator Name	Description of Accident or Violation	Date

GENERAL INFORMATION

List all states in which your vehicles operate: _____

Furthest Point Travelled to (city, state): _____

Maximum radius of operations from garage location for your vehicles: _____ miles

Regular radius of operations from garage location for your vehicles: _____ miles

Yes No Do you transport or allow other to transport under your authority any of the following? Gasoline Explosives LPG

Chemicals (Specify) _____

Other Hazardous Materials (Specify) _____

Yes No Do you own any autos not shown on the **SCHEDULE** portion of the application?

Yes No Do you pull double trailers?

Yes No Do you pull triple trailers?

Yes No Are oversized or overweight commodities hauled?

Yes No Do you service your own vehicles? If no, who services them? _____

Yes No Do you have a written maintenance program?

Yes No Are safety meeting conducted? If Yes, how often? _____

Yes No Do all drivers carry accident report forms with them?

Yes No Are all accident reports completed in a timely manner?

Yes No Are driver logs kept?

Yes No Are procedures and systems in compliance with regulatory requirements?

Yes No Are you or your firm a subsidiary of another entity? If Yes, specify _____

Yes No Are vehicles leased or contracted to others with driver?

Yes No Are vehicles leased or contracted to others without driver?

Yes No Do you obtain MVR verifications of all drivers?

Yes No Do you have special driving recruiting?

Yes No Are all drivers covered by Worker’s Compensation? Company/Policy # _____

Yes No Do you hire independent contractors?

Yes No Do you have a premises or warehouse to which customers have access?

Yes No Are you involved in any type of set up or installation?

Yes No Have you had insurance for this type of operation canceled, declined or non-renewed? If Yes, reason _____

Detail of steps taken to secure vehicles and cargo when left unoccupied _____

Notes Section: _____

Coverage is not binding until authorized by Fisher Insurance Agency, Inc. or representing carrier and in accordance with all terms thereof. Said applicant hereby agrees that the statements and answers within are just, full and true of all facts and circumstances with regard to the risk to be insured, insofar as the same are known to the applicant.

Signed _____ Position: _____ Dated: _____