

# PACIFIC INTERNATIONAL UNDERWRITERS

Phone: 800-562-8403 or 425-771-8988

Fax: 888-814-8701 or 425-775-9046

## TRUCK/BUSINESS-AUTO QUICK QUOTE SHEET

Agency Name \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax/Email \_\_\_\_\_

**NAMED INSURED:** \_\_\_\_\_ Requested Effective Date \_\_\_\_\_

Type of operation \_\_\_\_\_

Garaging Address: \_\_\_\_\_ Radius: \_\_\_\_\_

Years driving experience \_\_\_\_\_ Years owned vehicle(s) \_\_\_\_\_

Years in Business \_\_\_\_\_ Actual Gross Revenue Past Yr: \_\_\_\_\_ Projected: \_\_\_\_\_

Past Year Mileage: \_\_\_\_\_ Projected Mileage: \_\_\_\_\_

Do you operate primarily on fixed routes to regular destinations?: yes  no

% loads rec'd from Broker: \_\_\_\_\_ Description of Fixed Routes Traveled (Orig & DesCities, Commods Hauled, & % of Hauls \_\_\_\_\_

Years of Verifiable Insurance \_\_\_\_\_ Present Insurance Carrier \_\_\_\_\_

Cancelled or Non-renewed in past 3 years? \_\_\_\_\_ Any Losses in in last 3 years? \_\_\_\_\_

If losses, date of loss, details, name of driver and amounts paid \_\_\_\_\_

Cargo commodities, their %'s, and max values: \_\_\_\_\_

Target pricing: \_\_\_\_\_ MC or DOT #: \_\_\_\_\_

### Drivers

Full Name	License #	DOB	Years Exp	Years Emp	MVR Activity

### Vehicles

Year/Make	Current Value	Gross Weight	Use

#### Limits

Liability: \_\_\_\_\_

UM: \_\_\_\_\_

Med pay: \_\_\_\_\_

Hired/ \_\_\_\_\_

Non-owned: \_\_\_\_\_

PIP: \_\_\_\_\_

Cargo: \_\_\_\_\_

#### Deductibles

Spec Perils: \_\_\_\_\_

Coll: \_\_\_\_\_

Comp: \_\_\_\_\_

Cargo: \_\_\_\_\_

Filing Requirements: \_\_\_\_\_

Please note: This is not an application and the figures we are quoting are an indication only, subject to a properly completed application. You do not have binding authority.

Please save and attach to email.