

PACIFIC INTERNATIONAL UNDERWRITERS

Phone: 425-771-8988

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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 for Shipper: _____ How long have you been hauling for that shipper? _____
 Cities Traveled to: _____

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.