



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 - transportation@piuinc.com