

INFORMATION FOR QUOTATION FOR COMMERCIAL TRUCK INSURANCE

Name of Company _____
Address _____
Owner Name _____
How Long has company been in business _____
Type of trucking operation _____
Full name of all owners _____
Present Insurance Company _____
Details of all accidents in the past 5 years ____
Years of Experience for all operators _____
Years of Experience as a owner/operator or manager _____
Has your insurance every been cancelled by the insurance company or denied insurance
for the past 3 years yes __no__

Are non owned trailers hauled if so what value

Drivers:

Name, date of birth and drivers license numbers of all drivers
Details of all tickets in the past three years.
Details of accidents in the past three years

Vehicles

Year, make, serial number and current values of all tractors, trailers, private
passenger(i.e. pick ups)

Commodities carried include values and percentage carried

Further radius of one trip

Provinces and States hauled including the percentage of total kms hauled in each

Coverages requested

Limit Third Party Liability _____
All Perils deductible _____
Cargo Limit _____
Loss of Use _____
Non owned Trailer limit _____