

FAX THIS FORM TO 985-871-1779

QUOTE INFORMATION SHEET FOR AMERICAN INSURANCE BROKERS, INC.

BUSINESS CONTACT INFORMATION

Name:		Company name or DBA:			
Phone:	Fax:	E-mail:			
Mailing Address:			City:	State:	Zip:
Physical/Garaging Address:			City:	State:	Zip:
Date business Started:					
How long have you owned and operated your own truck?					
Sole proprietorship:		Partnership:		Corporation:	
				Other:	

BUSINESS INFORMATION

Products/Material Hauled:		Haz Mat? Y/N			
Radius of Operation:		How far do you travel 80% of the time:			
FMCSA #(MC#)	USDOT#	TEXAS DOT# (IF ANY)			
Major Cities Traveled (If Any)			States Traveled:		

PRIOR INSURANCE/EXPERIENCE INFORMATION

Do you currently have commercial coverage?					
If no prior coverage please described your commercial experience?					
Current Insurance Company:					
Previous Insurance Company (please provided information for up to five years if available):					
Any Losses (If yes please provide details):					

COVERAGE INFORMATION:

Commercial Auto Liability Limits:\$			Uninsured Motorist Limit:\$		
Non-Trucking Liability Limits:\$					
Physical Damage: Y/N Deductible: \$					
Cargo Limit: Y/N Limit: \$ Deductible: \$					
Workers Compensation: Y/N		Limit:	#employees:	Owner: Included/Excluded	Payroll:
General Liability: Y/N Limits: \$					
Other Coverage Needed:					

VEHICLES:

#	YEAR	MAKE	TYPE OF UNIT	GROSS WEIGHT	RADIUS:	STATED VALUE:
1						
2						
3						
4						
5						

DRIVERS:

#	NAME	D.O.B.	DL#/STATE	CDL?	YEARS EXP.