

Quick Quote Sheet

HORNER INSURANCE SERVICES, INC.

Date Coverage Desired:

Phone:

Insured		Producer	
Name:		Agency:	
dba:		Agent:	
Address:		Phone:	Fax:
(Garaging)		Are you the Incumbent Producer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

OPERATION INFORMATION

1. ALL Destination Cities: 2. Major Cities Traveled Through:	3. Actual Gross Revenue Past Yr:	Projected:
	4. Past Year Mileage:	Projected Mileage:
	5. FMCSA/ICC Docket#	DOT#
	6. Years Insured under this name?	
	7. Cancelled or non-renewed in past three years? Yes <input type="checkbox"/> No <input type="checkbox"/> Exp:	
	8. Doubles? Yes <input type="checkbox"/> No <input type="checkbox"/> Triples? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	9. Hazardous Materials? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	10. Sand & Gravel? Yes <input type="checkbox"/> No <input type="checkbox"/> Dump? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PLEASE ATTACH PAST FOUR QUARTERS IFTA MILEAGE REPORT

Do you operate primarily on fixed routes to regular destinations? Yes <input type="checkbox"/> No <input type="checkbox"/> % of Loads Received Through Broker?
Description of Fixed Routes Traveled (Origination and Destination Cities, Commodities Hauled and Percentage of Hauls)

Driver Information (please attach MVR's) (Attach Driver List if Desired – Please provide all requested driver information)

Name	License No.	State	DOB	Hire Date	Yrs Exp.	Vio. 1yr	Vio 3yr	Accidents

Vehicle Information (Attach Schedule if Desired)

	Year	Make	VIN	Value	Radius	Type/Use
Veh. 1						
Veh. 2						
Veh. 3						
Veh. 4						
Veh. 5						

Number of Power Units Operated Past Year:

Insurance Carrier Information (past three years) If any losses please attach a complete description or loss runs.

Policy Dates	Company	Policy #	Prem. Amt.	# of Claims
to				
to				
to				

Coverages & Limits

Liability: Primary <input type="checkbox"/> Non Trucking <input type="checkbox"/>		Cargo	
Auto Liability Limit		Limit:	Ded: <input type="checkbox"/> Reefer Breakdown: <input type="checkbox"/>
Uninsured Motorist		Commodities	Percent of Revenue
Underinsured Motorist			Average
Pers. Injury Protection			Value Per Truckload
Medical Payment			Maximum
Hired Auto Liability			
Trailer Interchange			
Rental Reimbursement	days		
Physical Damage	Deductible		
<input type="checkbox"/> SP & Coll.	Coll:		
<input type="checkbox"/> Comp & Coll.	OTC:		

Additional Coverages:

Please Draw Primary Routes Traveled

