**DATE:**_____

Interstate: ☐

Intrastate: ☐

# COMMERCIAL QUOTE SHEET

NAME:_____

COMPANY NAME:_____

EMAIL:_____

PHONE:_____

MAILING ADDRESS: _____

_____

GARAGING ADDRESS:_____

_____

WHAT COMMODITY DO YOU HAUL?

☐ REFER ☐ CONSTRUCTION MATERIALS

☐ DRY VAN ☐ GARBAGE

☐ CAR HAULER ☐ HAZARDOUS

☐ DIRT, SAND, & GRAVEL ☐ OTHER:_____

**DOT#:** _____

**MC#:**_____

**TAX ID#:**_____

| DRIVER NAME | DOB | DRIVER'S LICENSE # | CDL YRS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## TRUCK(S) / TRAILER(S) INFORMATION:

| No. | YEAR | MAKE | MODEL / TYPE | VIN# | VALUE |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TRUCK CLASSIFICATION:

☐ TRACTOR #_____

☐ DUMP TRUCK #_____

☐ STRAIGHT(BOX) TRUCK #_____

TRAILER CLASSIFICATION:

☐ FLATBED #_____

☐ UTILITY #_____

☐ OTHER #_____

OWNED / NON-OWNED / ATTACHED #_____

TRAILER INTERCHANGE? YES, VALUE $_____

## COVERAGE/ADDITIONAL INFO:

LIABILITY LIMIT:_____

CARGO:_____ REFER BREAKDOWN: _____

PHYSICAL DAMAGE (COMP/COLL): ☐ YES ☐ NO IF YES, VALUE OF THE TRUCK(S): $_____

RADIUS OF OPERATIONS: ☐ 50 MILES ☐ 100 MILES ☐ 200 MILES ☐ UNLIMITED MILES

PRIOR INSURANCE? ☐ YES ☐ NO

IF YES, PROVIDE COMPANY NAME:_____

*****ASK CLIENT TO PROVIDE COPY OF LOSS RUNS*****

**DATE:**_____

QUOTE NOTES: