

MOTOR TRUCK CARGO MONSTER (14) PACKAGE

MOTOR TRUCK CARGO SHORT FORM QUOTE SHEET

Date:

RETAIL BROKER: Transportation Resources

WHOLESALE BROKER:

INSURED:

TYPE OF CARRIER:

HOME CITY / STATE:

DOCKET NO.:

1) GROSS RECEIPTS PAST 3 YRS

1)

2)

3)

EST NEXT YR

2) NUMEBER OF VEHICLES

Owned/Leased Power units:

O/Leased dry trailers:

O/Leased reefer trailers/trucks:

O/Operators long term:

3) No. of Drivers of which under 25 and over 65

4) MAIN CARGOS HAULED % OF TOTAL AVERAGE VALUE MAXIMUM VALUE

5) Approximate number of loads per truck per annum:

6) Is reefer breakdown required?

7) Years in business:

8) LIMIT REQUIRED:

PER TRUCK:

% OF LOADS 0-250 MILES:

PER LOSS:

% OF LOADS 251-1000 MILES:

DEDUCTIBLE:

%OF LOADS 1001+ MILES:

TERMINAL 1:

%OF WORK SUBCONTRACTED OUT:

TERMINAL 2:

NO. OF FILINGS NEEDED:

10) 5 YEAR CLAIMS INFORMATION

LOSS DATE	DED	WHAT HAPPENED?	PAID / OUTSTANDING
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CURRENT INSURER:

POLICY EXPIRES:

IS RENEWAL OFFERED?

CURRENT PREMIUM:

COVERAGE REQUIRED: BROAD FORM

OR NAMED PERIL FORM

DATE INSURANCE REQUIRED:

OTHER REVELANT INFORMATION:

THIS IS A SHORT FORM QUOTE SHEET. A FULL PROPOSAL FORM SIGNED BY THE INSURED WILL BE REQUIRED IN THE EVENT THAT AN ORDER IS GIVEN.