

Commercial Auto Quick Quote Sheet

Phone - 1-800-632-0342

Fax - 479-521-3195

To be used for quoting purposes only and is NOT an application for coverage.

E-mail - jhsubmissions@jplush.com

Agency Phone:
 Contact Email:

NAME: Quote Needed By Date: not ASAP
 Individual Partnership Corporation
 Garaging Location(s) Current Policy Expiration Date:
 City: State: Zip: Current Pricing:

Description of Operations: For Hire Not For Hire
 How many years with truck insurance in your name? How many years experience in trucking industry?
 Named Insured's DOT# MC#
 Yes No
 1. Are filings required? If yes, list major cities traveled through or into:
 2. Do you transport anhydrous ammonia, explosives, gasoline, LPG, acids or chemicals?
 3. Is all equipment owned by you scheduled below? If no, explain:
 4. Have you had any policy cancelled or non-renewed in the past 3 years? If yes, give reason:
 5. Do you pull double or triple trailers?

DRIVER INFORMATION	Must be completed for all drivers. (If additional space is needed, attach a separate list)					
Driver's Name	Drivers License	Date of Birth	Date of Hire	# Years Driving Similar Equipment	# Violations Past 3 Years	# Accidents Past 3 Years
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Schedule of Autos		(If additional space is needed, attach a separate list)				
Year	Make	Body Type* incl. bed type	GVW or GCW**	Radius	Stated Value	Owner's Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Body Type = Truck, Tractor, Semi-Trailer, Trailer or Utility Trailer. **(GVW) = Gross Vehicle Weight or (GCW) = Gross Combined Weight.

Commodities Transported					
Commodity	% of Loads	Average Value	Commodity	% of Loads	Average Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prior Carrier Information (past 3 years)

Company Name / Policy Dates	Company Name / Policy Dates	Company Name / Policy Dates

Loss Information - Please provide details of losses including both "At Fault" and "Not At Fault".

Date of loss	Details	Driver's Name	Paid / Reserved

COVERAGES (Scheduled Autos)

	Limits		
<input type="checkbox"/> Auto Liability -	\$		
<input type="checkbox"/> Uninsured (UM) & Underinsured (UIM) Motorists	\$		
<input type="checkbox"/> Medical Payments	\$		
<input type="checkbox"/> Physical Damage – Specified Causes of Loss	Stated Amount(s) per Schedule	\$	Deductible
Collision	Stated Amount(s) per Schedule	\$	Deductible
<input type="checkbox"/> Cargo Liability	\$	Per Power Unit \$	Deductible
<input type="checkbox"/> Garagekeepers Legal Liability (wrecker service only)	\$	Per location (excludes "on-hook" or "in-tow")	

If "On-Hook" or "In-Tow" coverage is desired, please complete the Cargo Liability section above.