

# Liability & Cargo Quote Sheet

Effective Date: \_\_\_\_\_

Name: \_\_\_\_\_

DBA/ \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ FEIN# \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Referred By: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Liability Limit: \_\_\_\_\_

U/M UIM Limit: \_\_\_\_\_

Cargo Limit: \_\_\_\_\_

MC #: \_\_\_\_\_ Cargo Ded: \_\_\_\_\_

PD Ded. \_\_\_\_\_

Commodities Hauled:	%	Radius	Percentage
1		Under 100 Miles	
2		100 to 200 miles	
3		200 to 500 miles	
4		Over 500 Miles	

Units: Make	Year	VIN#	Type	Value	Ded
1					
2					
3					
4					
5					
6					

Drivers: Name	D.O.B.	DL#	SS#	YrsExp
1				
2				
2				
4				
5				
6				

Loss Information - Type	Date of Loss	Amount Paid