



BUSINESS PROFILE

Name (owner): _____ Coverage/Quote Needed by: _____
 Business Name: _____ Legal Entity Type: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-Mail: _____

OPERATIONS PROFILE

Nature of Operations: _____
 Items being hauled (give %'s of each item): _____
 Do you haul for hire? Yes No Is your business for profit? Yes No Operate in other states? Yes No
 Radius: _____ Years in Business: _____ Largest cities entered: _____
 Any ICC, PUC, MCP or other filings required? Yes No If yes, please list: _____

PRIOR INSURANCE INFORMATION

	Company Name	# of Losses	\$ Paid Out	Annual Premium
Current Year				
1 st Prior				
2 nd Prior				

COVERAGE'S

Liability Limits: _____ Medical Payments: _____ Uninsured Motorist: _____ Deductible: \$ _____
 Towing: Rental: Bobtail: Drive Other Car: Cargo: \$ _____ In Tow: \$ _____
 Non-owned (# of employees) _____ Garage Keepers (max value): \$ _____ Hired Auto (annual cost) \$ _____
 Trailer Interchange (# of trailers) _____ Any Custom Equipment: Yes No If yes, which vehicle/s: _____
 # Additional Insureds: _____ # Waivers of Subrogation required: _____

VEHICLE SCHEDULE

VIN or Year/Make/Model & Body Type	Seat # or # of Axles (if tow truck, van or bus)	Current Value	Garaging Zip	Personal Use	Trip/Sites Per Day	Annual Mileage	Comp & Collision
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVER SCHEDULE

Name	DOB	Drivers License #	Yrs Coml. Experience	Married/Single

SPECIALTY CLASS QUESTIONS

Dumping: Number of end dump/side dump vehicles _____ Number of hopper/belly dump vehicles _____
Limousines: Are the limousines stretched? Yes No If so, length stretched _____
Tow Trucks: Are towing vehicles associated with a service station repair shop full-time towing other _____
All Public: Are you transporting physically disabled persons? Yes No If so, what % of time? _____
 Is a fee or fare charged for transporting passengers? Yes No Equipped with wheelchair lift? Yes No
Bobtail: Equipment is under permanent/long term lease to _____ What % of time? _____
Drivers Training: Do vehicles have dual controls? Yes No Do you give classroom instructions? Yes No

HOW SHOULD WE CONTACT YOU?

Phone Fax Email