



SPECIALTY INSURANCE MANAGERS, INC

*AUSTIN *ARLINGTON *GRANBURY *HOUSTON *LUBBOCK

QUICK QUOTE SHEET

Liability, Cargo & Physical Damage Coverage

Date: _____ Effective Date: _____

Producer Name: _____ Producer Phone #: _____

Applicant: _____

Address: _____ City/State/Zip _____

Business Description: _____

Radius of Operations: 0-50 [] 50-100 [] 100-200 [] 201-300 [] 300+ [] Actual Radius _____

States Entered: _____

Largest Cities/Percentage entered: City: _____ % _____ City: _____ % _____

City: _____ % _____ City: _____ % _____ City: _____ % _____

Commodity Hauled & percentage of time hauled (must equal 100%)

Commodity _____ % _____ Commodity _____ % _____ Commodity _____ % _____

Commodity _____ % _____ Commodity _____ % _____ Commodity _____ % _____

Does Applicant haul his own goods? [] Yes [] No Business Start Date: _____

Previous Carrier(s): _____

Losses: [] None: [] Loss runs attached (Provide currently dated hard copy loss runs for past 3 years)

Filings: [] MC# _____ [] TXDOT # _____ [] Other _____

Limits of Liability: _____ PIP Limits _____ UM Limits: _____

Cargo Limit: _____ Reefer Coverage? [] Yes [] No Water Damage/Tarp Coverage: [] Yes [] No

Physical Damage [] Yes [] No Deductible: _____

Table with columns: Year, Make, Unit type Truck/Tractor, Trailer Type (Dry Van, Flatbed, etc), GVW/Seating, Stated Value

Table with columns: Driver Name, DOB, # of Years CDL Experience, Date of Hire, License #

ATTACH ADDITIONAL VEHICLE/DRIVER SCHEDULE WITH REQUIRED INFORMATION IF NEEDED.