



PO BOX 100 MONTICELLO IN 47960 FAX # 866-763-657 PHONE # 574-583-8661

Quick Quote Sheet

Motor Truck Cargo \_\_ Physical Damage \_\_ Truckers GL \_\_ Contingent Cargo \_\_ Contingent Liability

E-MAIL TO: Thom@tcbinspro.com

Submitting Agent \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Risk Name \_\_\_\_\_

Garaging Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MC# \_\_\_\_\_ DOT # \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

Cargo Limit \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Reefer Breakdown \_\_\_\_\_

Commodities Hauled \_\_\_\_\_

Radius of Operations \_\_\_\_\_ Projected Gross Receipts \$ \_\_\_\_\_ (Freight Brokers Only)

Vehicle:

1. Year \_\_\_\_\_ Make \_\_\_\_\_

Value \_\_\_\_\_ Deductible: \$1000 \_\_ \$2500 \_\_ Other \$ \_\_\_\_\_

2. Year \_\_\_\_\_ Make \_\_\_\_\_

Value \_\_\_\_\_ Deductible: \$1000 \_\_ \$2500 \_\_ Other \$ \_\_\_\_\_

2. Year \_\_\_\_\_ Make \_\_\_\_\_

Value \_\_\_\_\_ Deductible: \$1000 \_\_ \$2500 \_\_ Other \$ \_\_\_\_\_

4. Year \_\_\_\_\_ Make \_\_\_\_\_

Value \_\_\_\_\_ Deductible: \$1000 \_\_ \$2500 \_\_ Other \$ \_\_\_\_\_

5. Year \_\_\_\_\_ Make \_\_\_\_\_

Value \_\_\_\_\_ Deductible: \$1000 \_\_ \$2500 \_\_ Other \$ \_\_\_\_\_

6. Year \_\_\_\_\_ Make \_\_\_\_\_

Value \_\_\_\_\_ Deductible: \$1000 \_\_ \$2500 \_\_ Other \$ \_\_\_\_\_

**Drivers: (please attach MVRs)**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Violations \_\_\_\_\_ Yrs Exp \_\_\_\_\_  
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**Loss Information:**

20\_\_ Type of Loss(es) \_\_\_\_\_ Total Paid \$ \_\_\_\_\_ # of Losses \_\_\_\_  
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**Additional Comments:**

