



Haymond Insurance

QUICK QUOTE FORM

Trucking Liability

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ MC NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

BEST TIME AND PHONE NUMBER TO CONTACT YOU: \_\_\_\_\_

DRIVERS INFORMATION:

	<u>Name:</u>	<u>Date of Birth</u>	<u>CDL License Number</u>	<u>Social Security Number</u>	<u>Years of Experience</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

DRIVING RECORD FOR THE LAST THREE YEARS: (sending your current MVR gets almost immediate response.)

	<u>Date:</u>	<u>Violation</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

EQUIPMENT INFORMATION:

	<u>Unit Number:</u>	<u>Tractor or Trailer:</u>	<u>Year:</u>	<u>Make:</u>	<u>Value:</u>	<u>Type of Trailer:</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

COMMODITIES HAULED: \_\_\_\_\_

CARGO LIMIT: \$ \_\_\_\_\_ CARGO DEDUCTIBLE: \$ \_\_\_\_\_

ANNUAL MILES DRIVEN PER UNIT:

Unit 1: \_\_\_\_\_ Unit 2: \_\_\_\_\_ Unit 3: \_\_\_\_\_ Unit 4: \_\_\_\_\_

WHERE DO YOU GO REGULARLY?

States: \_\_\_\_\_

Cities: \_\_\_\_\_

INSURANCE LOSSES LAST 3 YEARS:

Last Year: \_\_\_\_\_ 2 Years Ago: \_\_\_\_\_ 3 Years Ago: \_\_\_\_\_

REVENUE THIS YEAR: \$ \_\_\_\_\_ REVENUE LAST YEAR: \$ \_\_\_\_\_

SIGNATURE: (REQUIRED) \_\_\_\_\_

Fill out and fax this form to 501-278-2300

We will be in contact within 48 hours at the number and time you gave us.

OR you can call **HAYMOND INSURANCE** toll free for a quote at 888-268-2850.

This document is for quoting purposes only and is not an application for insurance. A complete, full-length application is required to be completed for consideration for issuance of an insurance policy.