Texas Partners
Insurance Group & Financial Services

Quick Quote Truckers Application

NAMED INSURED: _____ **US DOT / MC NUMBER** _____

ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHYSICAL ADDRESS: _____ **FOR HIRE?:** _____

Email Address: _____

PROPOSED EFF DATE: _____ **LIMIT OF LIABILITY** _____

INSURED PHONE #: _____ **PIP & UM** _____
CARGO LIMIT _____

RADIUS OF OPERATIONS PERCENTAGE: "" **History Vehicle Count**
"""""""""""""""""""""""""""
| 0- 100 | _____ | 101-300 | _____ | 301- 600 | _____ | 601 + | _____ |

Projected: _____
Current Year: _____
1 Year Prior: _____
2 Years Prior: _____

PROJECTED REV / MILEAGE FOR COMING YEAR **MILEAGE** _____ **REVENUES** _____

CITIES OF DESTINATION AND PERCENT TO EACH:

_____ _____ _____ _____

COMMMODITIES HAULED:

Commodity	% Hauled	Max Value	Average Value

TRUCKING EXP: _____ **YEARS**   **YEARS PREVIOUS INSURANCE** _____ **YEARS**

HAS INSURED BEEN OPERATING UNDER A LEASE? _____ **HOW LONG?** _____

VEHICLES - POWER UNITS   (provide: year, model and VIN)   **PHYS DAM VALUE**   **OWNER OPERATOR**
Are units leased to insured?)

		PHYS DAM VALUE	OWNER OPERATOR
1)	_____	_____	YES ☐ / NO ☐
2)	_____	_____	YES ☐ / NO ☐
3)	_____	_____	YES ☐ / NO ☐
4)	_____	_____	YES ☐ / NO ☐
5)	_____	_____	YES ☐ / NO ☐

VEHICLES - TRAILERS: **PHYS DAM VALUE**

		PHYS DAM VALUE
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

PRIOR CARRIERS/ LOSSES:

	CARRIER	NUMBER OF LOSSES	AMOUNT INCURRED
CURRENT YR			
1ST PRIOR YR 12 MONTHS			
2ND PRIOR YR 12 MONTHS			
3rd PRIOR YR 12 MONTHS			

DRIVERS:

	NAME	DOB	DL NUMBER	Years of Experience	DATE OF HIRE
1)					
2)					
3)					
4)					
5)					

AGENCY RENEWAL   YES ☐   NO ☐   **EXPIRING PREMIUM** _____

FEDERAL OR STATE FILINGS   YES ☐ NO ☐
Has the Insured's policy canceled or nonrenewed in the past three years?   YES ☐ NO ☐
Hired Autos Coverage   YES ☐   NO ☐   **If YES, complete below**
Do you lease or hire equipment from others? _____ If yes, Permanently Leased ☐   Trip Leased ☐   Both ☐
Estimated cost of hired autos for the upcoming year $ _____
Non-Owned Coverage   YES ☐   NO ☐   **If YES, complete below**
Total number of employees in your business _____
Total number of non-owned autos that might be used in your business _____

Email completed document to sales@texaspartnersinsurance.com