



800.626.5660
www.mfic.com

Automobile Physical Damage Insurance Commercial Vehicles

QUICK QUOTE

1. Name of Applicant _____
2. Address _____
3. Address of Principal Terminal if other than above _____

4. Number of Employees _____
5. Estimated revenue for the 12-month policy period _____
6. Radius of Operation _____ Miles between following principal cities _____

7. Type of Cargo carried _____

8. Number of years in this business _____
9. Vehicle(s) legally owned by _____
Loss payable to _____
10. Name of Previous Carrier _____
11. Name of Carrier of Public Liability and Property Damage Insurance _____

12. Has Applicant had previous Fire, Theft and Collision Automobile Insurance canceled? _____ If yes, state date, name of Insurance Company and reasons for cancellation _____

13. Is Vehicle Owner-Driven? _____ If drivers are employed, what investigations are made? _____

14. If more than one Vehicle covered, what is the estimated maximum possible terminal loss? _____
15. Amount of Deductible(s) on Collision _____
16. Will you ever use hired Equipment? _____
17. Will any of your Equipment ever be loaned or rented to others? _____
18. Do you own or use Trucks and/or Trailers other than those listed under Item 20 below? _____
If answer is "yes" specify vehicles and state reasons why insurance is not required _____

19. Is Equipment regularly inspected and serviced? _____ If so, at what periods? _____

20. Driver's Name _____ Date of Birth _____ Driver's License Number _____

21. Premiums and Losses sustained by applicant last five years

Year	Premiums	LOSSES			
		Fire	Theft	Collision	Any Other Physical Loss

22. Description of Vehicle (Specify Truck, Tractor, Trailer, Semi)

Item No.	Trade Name	Model Year	Type (Truck, Tractor, Trailer, Semi-trailer)	Serial Number	Gas (G) or Diesel (D)	Original Cost New Plus Equipment Alterations and Additions	Amount of Insurance Desired
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Applicant signature

date

AGENCY NAME _____

PERSON REQUESTING QUOTE _____

AGENCY ADDRESS _____

PHONE NUMBER _____