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**Quick Quote Form – Truckers Liability & Cargo**

Company Name:

Address:

Owner’s Name: DOT/MC Number:

Work Phone: Cell Phone:

FEIN/TAX ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Drivers Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date of Birth | CDL License Number | State of Issuance | Years of Experience |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

If more room is needed, please attach a driver’s list\*

**Equipment Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Make | Model | VIN # | Value | Owner Op or Company Owned? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

If more room is needed, please attach an equipment list\*

**Cargo Hauled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cargo Limit: $ Cargo Deductible: $**

**Plans on growth for the year? - 1-3 Units \_\_\_\_\_\_\_\_ 3-6 Units \_\_\_\_\_\_\_\_\_ 6-10 Units \_\_\_\_\_\_\_\_\_ 10+ Units \_\_\_\_\_\_\_\_\_\_**

**Years in business: \_\_\_\_\_\_\_\_\_\_\_ \***If in business for more than 1 year, the following information will be needed:

* Last 3 years of loss runs for Liability/Cargo/Physical Damage and Last 4 quarters IFTA reports showing mileage by States

**Fill out and email this form back to** [**info@ooag.biz**](mailto:info@ooag.biz)