

MOTOR TRUCK CARGO QUOTE

1. NAME AND ADDRESS:
2. EFFECTIVE DATE OF COVERAGE:
3. TYPE OF CARGO CARRIED:
4. REVENUE:
5. PRIMARY RADIUS OF OPERATION:

POLICY TERM	GROSS RECEIPTS	AVERAGE # OF UNITS
Next Year Estimate		
Current Year Estimate		
1 st Year Prior		
2 nd Year Prior		
3 rd Year Prior		

6. NUMBER OF YEARS IN BUSINESS: _____ ICC #: _____
7. AVERAGE LOAD: _____
8. MAXIMUM LOAD: _____ US\$
9. LIMITS REQUIRED: _____ US\$ ANY ONE UNIT
 _____ US\$ ANY ONE LOSS AT
 TERMINAL ONLY

10. PRIOR CARRIER / LOSS INFORMATION:

Policy Term	Carrier	Rate	Deductible	# of Claims	Total Paid
Current Policy					
1 st Year Prior					
2 nd Year Prior					
3 rd Year Prior					
Requested Renewal Terms	Lloyds				