



PO Box 100, Monticello, IN 47960 Phone: (574)583-8661 Fax: (866)763-6576

Quick Quote Sheet

☐ Motor Truck Cargo ☐ Physical Damage ☐ Truckers GL ☐ Contingent Cargo ☐ Contingent Liability

e-mail to: thom@tcbip.com

Submitting Agent: _____ e-mail: _____ Phone: _____

Risk Name: _____

Garaging Address: _____

City: _____ State: _____ Zip: _____

MC#: _____ DOT #: _____

Type of Business: _____ Year in Business: _____

Cargo Limit \$ _____ Deductible \$ _____ Reefer Breakdown ☐

Commodities Hauled: _____

Radius of Operations: _____ Projected Gross Receipts \$ _____ (Freight Brokers Only)

Vehicles:

1. Year _____ Make _____ Value _____

Deductible: ☐ \$1,000 ☐ \$2,500 ☐ Other: \$ _____

2. Year _____ Make _____ Value _____

Deductible: ☐ \$1,000 ☐ \$2,500 ☐ Other: \$ _____

3. Year _____ Make _____ Value _____

Deductible: ☐ \$1,000 ☐ \$2,500 ☐ Other: \$ _____

4. Year _____ Make _____ Value _____

Deductible: ☐ \$1,000 ☐ \$2,500 ☐ Other: \$ _____

5. Year _____ Make _____ Value _____

Deductible: ☐ \$1,000 ☐ \$2,500 ☐ Other: \$ _____

6. Year _____ Make _____ Value _____

Deductible: ☐ \$1,000 ☐ \$2,500 ☐ Other: \$ _____

Drivers: (Please attach MVR's)

Name: _____ DOB: _____ Violations: _____ Yrs Exp: _____

Name: _____ DOB: _____ Violations: _____ Yrs Exp: _____

Name: _____ DOB: _____ Violations: _____ Yrs Exp: _____

Name: _____ DOB: _____ Violations: _____ Yrs Exp: _____

Name: _____ DOB: _____ Violations: _____ Yrs Exp: _____

Name: _____ DOB: _____ Violations: _____ Yrs Exp: _____

Loss Information:

20_____	Type of Loss(es) _____	Total Paid \$ _____	# of Losses _____
20_____	Type of Loss(es) _____	Total Paid \$ _____	# of Losses _____
20_____	Type of Loss(es) _____	Total Paid \$ _____	# of Losses _____
20_____	Type of Loss(es) _____	Total Paid \$ _____	# of Losses _____
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Additional Comments: