



Information Required for a Quotation of Commercial Truck Insurance

Name of Company _____

Address _____

Owner Name _____

How Many Years Company in Business _____

Type of Trucking Operation _____

Full Name of ALL Owners _____

Present Insurance Company _____

Details of All Accidents in the Past 5 Years – *Attach List + Details*

Years of Experience as owner/operator or manager _____

Has your insurance been cancelled by the insurance company or have you been denied insurance for the past 3 years? YES ___ NO ___

Are non-owned trailers hauled? YES ___ NO ___ . If yes, how many _____ and value _____

DRIVERS:

Name, Date of Birth, and Drivers Licences Numbers of all drivers

Details of all Tickets in the past 3 years

Details of all accidents in the last 3 years

Years of experience with similar vehicles

Vehicles Year, Make, Serial Number and current values of all tractors, trailers, private passenger (ie pickup trucks)

Commodities carried, include values average and maximum percentage carried

Further radius of one trip

Provinces and States hauled including percentage of total KMs hauled in each

Coverages requested

Limit Third Party _____

All Perils Deductible _____

Cargo Limit _____

Loss of Use _____

Non-Owned Trailer Limit _____