

ALL RISKS, LIMITED
COMMERCIAL AUTO FAX QUOTE

WE MUST HAVE TARGET PRICING

PHONE: (410) 828-5810 FAX: (410) 828-8179

Email to: mdquotes@allrisks.com

AGENCY: _____ CONTACT: _____ PHONE NUMBER: _____

FAX NUMBER: _____

NAME OF ACCOUNT _____

IF T/A OR CORP, PRINCIPLE(S) NAME(S): _____

ADDRESS _____

GARAGING CITY _____ STATE _____ ISO TERRITORY _____

BOBTAIL? _____ UNDER CONTRACT TO: _____ PRIMARY? _____ PHYS. DAM.? _____ CARGO? _____

ICC OR STATE FILING? _____ MCS90? _____ CONTRACT CARRIER? _____ FOR WHOM: _____

PROPOSED EFFECTIVE DATE: _____

DRIVERS

1) AGE _____ VIOLATIONS/ACCIDENTS _____ DATE OF HIRE _____ YRS COMMERCIAL EXP. _____

2) AGE _____ VIOLATIONS/ACCIDENTS _____ DATE OF HIRE _____ YRS COMMERCIAL EXP. _____

3) AGE _____ VIOLATIONS/ACCIDENTS _____ DATE OF HIRE _____ YRS COMMERCIAL EXP. _____

4) AGE _____ VIOLATIONS/ACCIDENTS _____ DATE OF HIRE _____ YRS COMMERCIAL EXP. _____

OWNER/OPERATOR? _____ ANY HIRED AND/OR NON-OWNED AUTO EXPOSURE: _____ IF YES, COST OF HIRE: _____

ANY ADDITIONAL INSURED(S)? _____

VEHICLES: (SUBMIT APPLICATION IF MORE THAN 4) INDICATE TRUCK, TRACTOR, TRAILER, ETC.*

1) YEAR _____ MAKE _____ TYPE _____ GWV _____ CURRENT VALUE _____ OCN _____

2) YEAR _____ MAKE _____ TYPE _____ GWV _____ CURRENT VALUE _____ OCN _____

3) YEAR _____ MAKE _____ TYPE _____ GWV _____ CURRENT VALUE _____ OCN _____

4) YEAR _____ MAKE _____ TYPE _____ GWV _____ CURRENT VALUE _____ OCN _____

* IF PUBLIC AUTO - SEATING CAPACITY: _____ IF STRETCH LIMO: # INCHES _____

* MAJOR CITIES ENTERED: _____ ANNUAL MILEAGE EACH UNIT: _____

0-100 _____% 101-300 _____% 301-500 _____% 500+ _____%

AIRPORT _____ SEDAN _____ WHEELCHAIR TRANS. _____

IS RISK A NEW VENTURE? _____ IF NOT, HOW LONG IN BUSINESS UNDER PRESENT NAME? _____

EXACT COMMODITIES HAULED: / SPECIFY OPERATION: _____

ANY HAZARDOUS COMMODITIES? _____

HAS APPLICANT FILED FOR BANKRUPTCY/CANCELLED/NON-RENEWED? _____ YES _____ NO

IF YES, EXPLAIN: _____

CARRIER(S) AND LOSSES FOR LAST 3 YEARS * MUST BE COMPLETE

YEAR	CARRIER	LOSS INFORMATION
19		
19		
19		

FOR PRIMARY: LIMITS DESIRED _____

UNINSURED MOTORIST LIMITS DESIRED _____ PIP: ACCEPT _____ REJECT _____

FOR PHYS. DAM. DEDUCTIBLES: SPECIFIED PERILS \$ _____ COLLISION \$ _____

FOR CARGO OR IN TOW:

LIMIT: _____ DEDUCTIBLE DESIRED: _____

COMMODITY: AVERAGE VALUE: _____ MAXIMUM VALUE: _____ % _____ (% of the time at max. value)

COMMODITY: AVERAGE VALUE: _____ MAXIMUM VALUE: _____ % _____ (% of the time at max. value)

REEFER BREAKDOWN: _____ BROAD FORM _____ NAMED PERILS _____

ANSWER ALL QUESTIONS TO AVOID A DELAY IN QUOTING. FOR QUOTE ONLY: APPLICATION NEEDED TO BIND. MUST HAVE PRIOR 3 YEAR PRIOR CARRIER AND LOSSINFO TO QUOTE. USE SEPARATE SHEET IF NECESSARY.

IT IS IMPORTANT TO ADVISE APPLICANT(S) THAT QUOTES ARE BASED ON INFORMATION PROVIDED HERE. IF ANY DISCREPANCIES EXIST, ADDITIONAL PREMIUM(S) CAN BE IMPOSED OR CANCELLATION MAY RESULT.