INSURANCE QUOTE FORM

Cross Border / Domestic

* INSURED'S INFORMATION

Date: ______________________ Effective Date: _______________________
Name: ____
DBA: ____
Mailing Address: ____
Garaging Address: ____
Years In Business: __________ Fein/SSN: ___________________________

* PERMITS INFORMATION

DOT#: _________________________________
MC#: _________________________________
MX#: _________________________________
CA#: ______________TX DOT#____________

* COMMODITIES	%	* COMMODITIES	%	* COMMODITIES	%	* COMMODITIES	%	* COMMODITIES	%

PRIOR CARRIER INFORMATION FOR LAST THREE YEARS (Historial de perdidas de los ultimos 3 años):

COMPANY	TERM	POLICY NUMBER	LOSSES
		Total Losses:	$ 0.00

DROP OFF/PICK UP CITIES (Ciudades de carga y descarga):

VEHICLE INFORMATION: * TOTAL UNITS: ______________________________

YEAR	MAKE	VIN	UNITS	* WEIGHT (Peso)	* RADIUS	STATED VALUE (Valor de la unidad)
				Select Weight	Select Miles	
				Select Weight	Select Miles	
				Select Weight	Select Miles	
				Select Weight	Select Miles	
				Select Weight	Select Miles	
				Select Weight	Select Miles	
				Select Weight	Select Miles	
				Select Weight	Select Miles	

DRIVER INFORMATION:

#	NAME	LICENSE #	D.O.B (Fecha de nacimiento)	COMM. EXP.	DATE OF HIRE (Fecha de nacimiento)
1					
2					
3					
4					
5					
6					

* **Select Coverage** (Seleccionar coberturas) **Target Rate: $** ______________

☐ Auto Liability: $____________________________
☐ Uninsured motorist: UMBI/UIM
☐ Medical payments: ________________________
☐ Non Owned Trailer PD: ____________________
☐ Physical Damage: _______________________
☐ Trailer Interchange: ______________________

☐ Cargo ______________________________
☐ Refrigeration breakdown
☐ General Liability:(Clerical Payroll)______________
☐ UIIA endorsement required
(IF REQUIRED PLEASE PROVIDE THE FOLLOWING CODES)
-SCAC CODE: ____________
-INSURANCE AGENT CODE: ____________

ADDITIONAL VEHICLE INFORMATION: * TOTAL UNITS: ______________________________

YEAR	MAKE	VIN	UNITS	* WEIGHT (Peso)	* RADIUS	STATED VALUE (Valor de la unidad)
				Select Weight	Select Miles	
				Select Weight	Select Miles	
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				Select Weight	Select Weight	

AGENT CONTACT INFORMATION

Agency Name: Craig Wong Insurance Services
Agency Email: Craigwong99@yahoo.com
Agency Number: (619) 207 - 0715
Contract Agent Name: Roberto Lopez
Office Number: (619) 326 - 3661

PLEASE PROVIDE A COPY OF REGISTRATION CARD FOR EVERY TRUCK AND C.D.L. OF EVERY DRIVER YOU WANT TO QUOTE.

PLEASE EMAIL APPLICATION WITH ALL SUPPORTING DOCUMENTS TO: INSURANCE@ONESTEPFINANCINGINC.COM

SUBMIT