# CHADWICK INSURANCE, INC. - QUICK QUOTE FORM

**1016 S. 6TH AVE. YAKIMA, WA 98902 PHONE: 509-452-6506 FAX: 509-452-6520**

EFF DATE: NAME: Mark

DBA: Colins

ADDRESS: 321 Blah blah

CITY: STATE: ZIP:

PHONE: CELL: E-MAIL: @

US DOT# MC# FED ID# COUNTY:

YRS. IN BUS. YRS DVG. EXP. YRS. OWNED EQUIP.

ARE YOU PART OF A DRUG CONSORTIUM? WHAT IS YOUR DOT SAFETY RATING?

# UNITS COMMODITIES HAULED:

LARGEST CITIES ENTERED:

**INSURANCE HISTORY:**

| YR. | INS. CO. | EFF. DATE | # CLAIMS | AMOUNT PAID/RES | TYPE CLAIM & FAULT |
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(AF=AT FAULT) (NAF=NOT AT FAULT) (APD OR BI=LIABILITY) (CL=PHYS. DAM.) (C=CARGO)

PRESENT CARRIER: CANCELLED/NON-RENEWED? (IF YES, EXPLAIN) ↓

**EQUIPMENT:** DO YOU PULL DOUBLES? TRIPLES?

| YR | MAKE | VALUE | TYPE* | TLR LENGTH | GVW/GCW | RADIUS |
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*TRACTORS: CT=CONVENTIONAL; T=CABOVER; DT=DUMP TRUCK; TA=TANDEM AXLE TRUCK; SAT=SINGLE AXLE TRUCK; LST=LIGHT SERVICE TRUCK; OTHERS AS SHOWN

*TRAILERS: RST=REEFER; VST=VAN; FST=FLATBED; PT=PULL TLR; HST=HOPPER; LBT=LIVE BOTTOM; LOG=LOG TLR; BDT=BELLY DUMP; GRT-GRAIN TLR.;OTHERS AS SHOWN

**DRIVERS:**

| NAME | DOB | STATE | LIC # | SSN# | YRS EXP | DOH | LAST 3 YRS #VIOL | LAST 3 YRS #ACC |
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**COVERAGES & LIMITS:** PRIMARY? OR; NON-TRUCKING USE?

COMMERCIAL AUTO LIMIT PHYS DAM DEDUCTS: COMP COLL UM/UIM

BROAD FORM CARGO LIMIT CGO DED PIP MED PAY

HIRED AUTO LIAB? NON-OWNED LIAB.? FILNGS REQUIRED?

GENERAL LIAB.: OCC LIMIT AGG LIMIT

THREE SHIPPERS YOU WILL DO BUSINESS WITH:

HOW DID YOU HEAR ABOUT CHADWICK INS.?

COMMENTS:

**PLEASE FAX QUOTE TO ATTENTION OF:**