



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

**Quick Quote Sheet**

- Motor Truck Cargo     Physical Damage     General Liability  
 Contingent Cargo     Contingent Liability

e-mail to: [thom@tcbip.com](mailto: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: \_\_\_\_\_  
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**Loss Information:**

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