

DATE: ____ / ____ / ____

TRUCKING QUICK QUOTE FORM

M & G INSURANCE SERVICES, INC.

Producer: _____

Phone: 714-505-2907 Fax: 714-505-2909

Name: _____ DBA: _____

Telephone: _____ Email: _____

Mailing Address: _____

Garaging Address: _____

Commodities Hauled: _____

Years with own commercial policy: _____ Radius: _____ Annual Mileage: _____

States traveled to: _____

Limits:

Liability \$	U.M. \$	Cargo \$	(Per Trailer)
General Liability \$		Trailer Interchange Limit \$	

Vehicle Information:

YEAR	MAKE	MODEL	TYPE	VIN #	VALUE	DEDUCTIBLE
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	

Please attach separate page for additional vehicles

Driver Information:

Name: Last, First	DL #:	DOB:	Years Exp with Class A DL	Date of hire

Filings Required CA#: _____ MC #: _____ US DOT#: _____

Prior Carrier Information: (3 years of loss runs required in order to quote)

Current Ins. Co.: _____ Policy #: _____ Expires on: _____

Additional information or comments: _____

