



NON FLEET QUICK QUOTE SHEET

DATE: _____ Yrs In Business: _____ New Venture: Yes No FEIN# _____

INSURED _____ SS#: _____
(PLEASE MAKE SURE TO INCLUDE INDIVIDUAL NAME & DBA NAME OR IF INSURED IS CORP)

MAILING ADDRESS: _____ MC# _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

GARAGING ADDRESS: _____

DESCRIPTION OF OPERATION: _____

TYPE OF CARGO: _____ EXCLUSIVE: Y/N

TERR./ZONE RATE: _____ RADIUS: AVERAGE MILES (OVER 50% OF OPERATIONS)

PLEASE LIST CITIES/STATES WHERE THE APPLICANT OPERATES FREQUENTLY (GIVE %)

VEHICLES (YEAR/MAKE/MODEL/TYPE OF TRAILER USED)	GVW/GCW	STATED AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DRIVER INFORMATION: NAME	DOB:	DL NUMBER	EXPERIENCE:	CDL TYPE:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***ATTACH MVR FOR ALL DRIVERS**

PRIOR CARRIER (3 YEARS)	LOSS INFO	LINE COV	WRITTEN PREMIUM
1 ST YR _____ / _____ / _____			
2 ND YR _____ / _____ / _____			
3 RD YR _____ / _____ / _____			

COVERAGE: LIABILITY LIMIT _____

PHYS DAMAGE (STATED AMT) \$ _____ DED. \$ _____

CARGO (BROAD FORM) LIMIT: _____ DED. _____ W/REEFER BREAKDOWN (\$2500 DED) Y / N

REMARKS: _____

AGENCY: _____	CONTACT PERSON: _____
PHONE #: _____	FAX #: _____

MAI RISK MANAGEMENT (386) 424-1677 PHONE (386) 845-9320 FAX

TARGET PREMIUM: _____ LIABILITY _____ PHYS DAM _____ CARGO

Occ Accid _____ WC _____