



**SCU Transportation
Non-Fleet Quick Quote Sheet**

DATE:		DESIRED EFFECTIVE DATE:	
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INSURED INFORMATION

Insured Name				Us Dot#	
Garaging Address:				MC#	
City:		State:		Zip:	
# Of Units Owned		# Of Years In The Business			
Description Of Operation:					
Brokerage:	Yes	No	Average Miles Driven:		States Entered:
Major Cities:				Owner Name:	
Have you ever been canceled or non-renewed in the last three years?					
Do you allow non-employee passengers?	Yes	No	# Years Primary Liability Coverage Under Above Name:		
Is Physical Damage Quote Requested? <i>If yes, please indicate stated amount per unit below.</i>				Yes	No

DRIVER INFORMATION

Driver Name	DOB	License Number	State	Date Hired	# Yrs. Comm'l Driving	Last 3 Yrs. Moving Violations	Last 3 Yrs. Accidents

LOSS HISTORY | Hard Copy Loss Runs Are Required

Policy Year & Carrier	Loss Information	Coverage & Deductible	Premium

EQUIPMENT INFORMATION

Year	Make	Type	GVW	Stated Value	Physical Damage Deductible

LIABILITY

Liability Limit	
Uninsured Motorist Limit	
Underinsured Motorist Limit	
Medical Payments	
Personal Injury Protection	
Trailer Interchange	

CARGO

Cargo Limit			
Reefer Breakdown:	Yes	No	
Cargo Deductible:			
Commodity Transported	% of Loads	Maximum	Average
GL			
Hired Auto			
Non-Owned			

AGENCY INFORMATION

Agency Name		Contact Person	
Phone:		Email:	