

M L I, Inc.

PH 877-855-5146 / FAX 877-206-0678

PRODUCER NAME: _____

ATTN: _____

PLEASE QUOTE

INSURED INFORMATION

NAME: _____ FEIN/SS# _____

DBA: _____ PHONE# _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

GARAGING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

UNDERWRITING QUESTIONS ICC &/OR DOT #- _____

- 1.) Commodities Hauled and percentage: _____
- 2.) Has risk been cancelled or non-renewed in the last 3 years: YES: _____ NO: _____ Cities Traveled in and to: _____
- 3.) How many years has insured owned commercial equipment: _____
- 4.) Are filings needed: YES: _____ NO: _____ If yes what states: _____
- 5.) Does the insured broker loads for others: YES: _____ NO: _____

DRIVER INFORMATION

	DRIVER NAME	D/O/B	# YRS. COMM. DRIVING. EXP.	LAST 3 YRS, # OF VIOL'S ACC'S
1.)	_____	_____	_____	_____
2.)	_____	_____	_____	_____
3.)	_____	_____	_____	_____
4.)	_____	_____	_____	_____

VEHICLE INFORMATION

	<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VALUE</u>	<u>RADIUS</u>
1.)	_____	_____	_____	_____	_____
2.)	_____	_____	_____	_____	_____
3.)	_____	_____	_____	_____	_____
4.)	_____	_____	_____	_____	_____

LOSS INFORMATION: **previous carrier and loss information for last three years**

	POLICY DATES	COMPANY	POLICY NUMBER	#OF CLAIMS	AMOUNTPD	TYPE OF CLAIM
1.)	_____	_____	_____	_____	_____	_____
2.)	_____	_____	_____	_____	_____	_____
3.)	_____	_____	_____	_____	_____	_____

COVERAGE'S AND LIMITS REQUESTED EFF. DATE: _____ NEED QUOTE BY: _____

LIABILITY: primary or non-trucking _____ LIMIT: _____ UM/UIM: _____

PHYSICAL DAMAGE DEDUCTIBLE: _____

CARGO LIMIT: _____ DED: _____ INCLUDE REFER.MALFUNCTION YES _____ NO _____

ADDITIONAL INFORMATION: _____
