



Date:

Quote Taken By: LISA SAYLES

Agent's Name: LISA SAYLES

Phone: 865-259-1573 Fax: 865-457-8662

Please Quote the following risk:

Name:		
dba:		
Mailing Address:		
City:	State:	Zip:
Garaging Address:		
City:	State:	Zip:

MC Number: DOT Number:

Are You A New Authority?

if no, complete below:

Current/Prior Carrier:

Years in Business:

Losses in last three years?

Phone#:	Cell#:
Home#:	Fax#:

Coverages	Amounts
LIABILITY	\$
CARGO	\$
PHYSICAL	
GENERAL LIABILITY	

Radius:

Commodities Hauled
Please give % & Be Specific - Do not use General Freight

	%
	%
	%
	%

Please list 3 major cities you might deliver into.

1st Major City: 2nd Major City: 3rd Major City:

Equipment To Be Insured:

Year:	Make:	Model:	Type:	Value:

Driver's To Be Insured:

Driver's Name	Date of Birth	CDL (no. of yrs)	License Number	State Issued	Violations <3yrs	Accidents <3yrs

Remarks: