



Excess/Umbrella Quick Quote Application

This is an indication only and subject to inspection and carrier approval of your application and rating.

THIS APPLICATION IS NOT ACCEPTABLE TO QUOTE EXCESS TRUCKING. PLEASE PROVIDE A COMPLETE SUBMISSION FOR REVIEW

| Excess/Umbrella | | | |
|--|--|--|---|
| Agency Name: | | Agent Code# | |
| From: | | Email Address: | |
| Phone: | | Fax # : | |
| Location Information | | | |
| Name, DBA: | | | |
| Mailing Address: | | | |
| City: | | State: | Zip: |
| Physical Address: | | | |
| City: | | State: | Zip: |
| Description of Operations: | | | |
| Previous Carrier: | | | |
| Cancelled or Non-Renewed: | | Losses: | |
| Years in business: | | Excess/Umbrella Limit requested: | |
| Does the insured use uninsured subcontractors? | | Estimated Annual Gross Sales: | |
| Details | | | |
| <u>Underlying Info:</u> | <u>General Liability</u> Min. Limits 1M/1M/2M | <u>AUTO</u> Min Limit 1 M CSL | <u>Employers Liability</u> 500/500/500 or 1M |
| Carrier (Co. & paper written on) | | | |
| Limits | | | |
| Premium | | | |
| Policy dates | | | |
| Class Code(s) <small>*For GL Only</small> | | | |
| Exposure for Each Class Code (Payroll, Gross Sales, # of units etc) | | | |
| Vehicles – (indicate count for each one) | | | |
| 1. Private Passenger Vehicles _____ | | 3. Trucks/Tractors _____ Heavy _____ Extra Heavy | |
| 2. Trucks _____ Light _____ Medium _____ Heavy _____ Extra Heavy | | 4. Buses _____ | |

Please submit Completed Quick Quote Application to:
quotes@myanchorpoint.com
 or fax to 210-800-9754
www.myanchorpoint.com