

Quick Quote Sheet

Arlington/Roe & Co., Inc.
PO Box 80803, Indianapolis, IN
46280

Phone: 800-878-9891 Fax: 317-554-8551

All questions must be answered.

Insured Information		Operation Information	
Name: _____		1. Commodities Hauled:	
Address: _____		2. Major Cities Entered & Percentage Entered:	
City: _____			
State: _____	Zip: _____	3. Has insured been cancelled or non-renewed in last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Agent Information		4. Does insured haul doubles or triples? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Agency: _____		5. Does insured haul hazardous materials? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Agent: _____		6. Does the insured haul sand & gravel or is a dump exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Telephone: _____		7. Filings needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Docket# _____	
Fax: _____		8. Brokerage authority? Yes <input type="checkbox"/> No <input type="checkbox"/> Insured brokers loads? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		9. How long has insurance been carried under this name?	

Driver Information (please attach MVR's)							
Name	DOB	License Num	State	Hire Date	Yrs Exp.	Violations	Accidents

Vehicle Information						
	Year	Make	Model	Value	Radius	Comments
Veh. 1						
Veh. 2						
Veh. 3						
Veh. 4						
Veh. 5						
Veh. 6						
Veh. 7						
Veh. 8						

Loss Information (past three years)					
Policy Dates	Company	Policy #	Premium Amount	Num. of Claims	Total Paid & Res

Coverages & Limits			
Liability: Primary <input type="checkbox"/> Non Trucking <input type="checkbox"/>		Cargo	
Auto Liability Limit _____		Limit: _____	Ded: _____
Uninsured Motorist _____		Percent of Value Per Truckload	
Underinsured Motorist _____		Commodities	Revenue
Pers. Injury Protection _____			Average
Medical Payment _____			Maximum
Hired Auto Liability _____			
Trailer Interchange _____			
Other _____			
Physical Damage			
<input type="checkbox"/> SP & Coll. Deductible _____			
<input type="checkbox"/> Comp & Coll. Coll.: _____			
OTC: _____		Broad Form Cargo <input type="checkbox"/>	Named Perils <input type="checkbox"/>
			Reefer Breakdown <input type="checkbox"/>