Haymond Insurance
"Taking Care of Tomorrow"

Trucking Quote Sheet
Print or Type Information

Name:	Effective Date:

Mailing Address:

Garaging Address:

Applicant's Email:	County:

Contact Name:

Phone:	Fax:	SS#:

MC#:	Contract ☐	Private ☐	Years in Business:
DOT#:	Common ☐	Exempt ☐	Years Experience in Trucking:

Owner's Name:	DOB:	DL#:

Does the owner hold a CDL?   Yes ☐   No ☐

Fed/ID#:	# of Trucks:	# of Trailers:

How long have you been with present company?
Has your insurance ever been canceled?   Yes ☐   No ☐   If yes, when?
Present Insurance Company and Policy Number:
Prior Insurance Company and Policy Number:
You will need to provide a detailed three-year loss history by attaching loss runs.

LIMITS

Auto Liability:	UM:	UIM:

Cargo Limit:	Cargo Deductible:

Reefer Coverage?   Yes ☐   No ☐

General Liability Limit:	Non-drivers Payroll:

Physical Damage Deductibles SCOL:	Comp:	Coll:	TIV:
Radius of Operation:	0-100 %	100 -300 %	300-500 %	+500 %

CARGO HAULED W/ PERCENTAGE

1.	4.
2.	5.
3.	6.

List regular routes run and major cities regularly passed through.

Estimated Annual Mileage/Unit (include most recent 4 quarters of IFTAs):	Estimated Annual Gross Receipts/Unit:

Do you plan on adding units?   Yes ☐   No ☐   If so, how many?

Base State:	Special Filings Required:
Agent:	

EQUIPMENT				
Year	Make	Type	VIN	Value

DRIVERS					
Name	DOB	DL #	State	Hire Date	Yrs. Exp

Fax or email the completed form with last four quarters of IFTAs and loss runs to:

Searcy: 501.278.2300 or kunderwood@haymondins.com

Springdale: 479.316.4074 or thendricks@haymondins.com

Sherwood: 501.850.8496 or baycock@haymondins.com

DIRECTIONS: Did you fill in this form on your computer? To save a filled-in pdf, follow instructions. After completing the pdf, right click "print." As the destination, choose "…PDF." Click "Print," and choose where you want the file to be saved. After saving the file, you can attach it to an email.