



Strickland

Insurance Brokers, Inc.



Agent Code _____

Commercial Auto

- 1. Name of Insured _____
- 2. Garaging Location (City/State/County) _____
- 3. Territory _____ 4. Maximum Radius of Operation _____
- 5. Description of Business Operation _____
- 6a. Three Year Prior Carrier and Loss Information _____

6b. Is current policy being cancelled or non-renewed & if so, Why? _____

7. Driver Information – Include Age, Experience, Violations, Accidents for Past 3 Yrs.

8. Do Drivers have a Commercial Drivers License (CDL)? Yes _____ No _____

9. Year	Make	Stated Value	Type	Gross Vehicle Weight(GVW)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10a. Coverage Information – Liability Limits \$ _____ 10b. Med. Pay\$ _____

10c. UM/UIM Limits \$ _____

11a. If the Truck is for Hire – Does the insured have ICC Authority or is insured on permanent Lease to Others? Yes _____ No _____

11b. List All States Requiring any Filings and All States Operated Through _____

12a. Specific Commodities Hauled _____

12b. Cargo Limit \$ _____ 12c. Cargo Deductible \$ _____

12d. Specified Perils Deductible \$ _____ 12e. Collision Deductibles \$ _____

Strickland Insurance Brokers Phone 888-495-4950, Fax 888-997-9970

****This is the basic information needed to obtain a quote. Additional information may be required by your Underwriter. **Make copies of this quote sheet for future use.******

P.O. Box 8010, Goldsboro, North Carolina 27533-8010
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