



Insurance Specialists

QUICK QUOTE REQUEST FOR COMMERCIAL AUTOMOBILE (Texas & Louisiana & Oklahoma)

ATTENTION: TRANSPORTATION DEPARTMENT

DATE: _____ FROM: _____
TO: RISC Inc. E-Mail _____
FAX #: (214) - 954-0999 Agency _____
FAX #: _____
PHONE # _____

NAME OF INSURED: _____

PROPOSED EFF. DATE: _____ GARAGING CITY: _____

TYPE OF OPERATION: _____

COMMODITIES: _____ ACTUAL RADIUS:(in miles) _____

OF YRS., IN BUS. _____
PRIOR CARRIERS FOR **PAST 3 YEARS:** ←←←
⇒ Current yr.) _____
⇒ Prior 2 yr's.) _____

LIAB, LIMITS: _____ FILINGS: TXDOT___ E___ ICC___

PIP or MED: _____ HIRED NON-OWNED YES___ NO___

UM/UIM or UM: _____ PHYSICAL DAMAGE DEDUCTIBLE _____

DRIVERS:

AGE	YR'S EXPERIENCE	DRIVING RECORD
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

NOTE:
This is a request for a quotation ONLY. NO coverage is bound unless confirmed by the company.

VEHICLES:

YR	TYPE OF VEHICLE	GVW	ACV	USE OF VEHICLE
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____

LOSSES PAST 3 YEARS: _____
↑↑↑↑↑↑↑↑↑↑↑↑

ADDITIONAL COMMENTS: _____