

DATE: ____ / ____ / ____

MGA: _____

CLIENT #: _____

REQUEST FOR QUOTE - UP TO 5 POWER UNITS

M & G INSURANCE SERVICES, INC.

Producer: _____

Phone: 714-505-2907 Fax: 714-505-2909

Name: _____ Care of/DBA: _____

Tel #: _____ Fax #: _____ Email: _____

Mailing Address: _____

Garaging Address: _____

Description of operations: _____

of Daily Stops: _____ Years with Own Commercial Insurance Policy: _____
(Bobtails Only)

Radius: _____ Annual Mileage: _____ Source of Business: _____

Limits:

Limits: Liability \$	U.M. \$	Cargo: <input type="checkbox"/> No <input type="checkbox"/> Yes \$	(Per Trailer)
Liability Deductible: \$0 PD <input type="checkbox"/> \$500 BI&PD <input checked="" type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000 <input type="checkbox"/>			

Vehicle(s) Information:

Power Unit Year & Make:	GVW:	Value:	Deductible:	Trailer Year & Make:	Value:	Deductible:
1.		\$			\$	
2.		\$			\$	
3.		\$			\$	
4.		\$			\$	
5.		\$			\$	

Driver(s): SUBMIT ALL MVR's FOR QUOTE

Name: Last, First	DL #:	Years Exp. Driving with a Class A	DOB:	Tickets/ Accidents:

Filings Required: DMV _____ ICC _____

Prior Carrier & Loss Information: (If any losses, submit loss runs within 30 days of binding)

Loss Ratio (last three years) _____ Number of brokers in the last 3 years: _____

Current Ins Co: _____ Policy #: _____ Expires On: _____

Prior Ins. Co.: _____ Policy #: _____ Effective dates: _____

Prior Ins. Co.: _____ Policy #: _____ Effective dates: _____

New Ventures Only:

Previous Employer(s) for last 3 years _____

COMMENTS: _____

