

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: |
|-------------------|-------|-----------------------------------|------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

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: _____
