

W. A. Schickedanz Agency, Inc.

Managing General Agents/Surplus Line Brokers
 300 West Main Street, P. O. Box 445, Belleville, Illinois 62222
 (618) 233-0644 1-800-869-9976, Fax (618) 233-0672

QUICK QUOTE QUESTIONNAIRE TRANSPORTATION & BUSINESS AUTO

Local ___ **Intermediate** ___ **Long Haul Trucking** ___

DATE COVERAGE DESIRED: _____

This questionnaire is for premium indication only on risks with 5 units or less and is not a binding agreement. Additional information may be required. Binding is subject to a completed and signed application and any other necessary forms.

Insured: _____

Address: _____

Principal Garaging Location: _____ Years in Business _____

Type of Carrier: Common ___ Contract ___ Private ___ Does carrier haul exclusively for one concern ___

Is Carrier permanently Leased? ___ If yes, by Whom? _____

PUC Filings Required? ___ If so, what states and docket number _____

FHWA Filings Required? ___ If so, Docket number _____ Any Hazardous Hauling? _____

Cargo: _____ Average Value _____ Maximum Value _____

_____ Average Value _____ Maximum Value _____

_____ Average Value _____ Maximum Value _____

Radius: % 0-100 ___ % 101-300 ___ % 301-500 ___ % over 500 ___ Attach last 4 quarters IFTA returns if over 300 miles

Major Cities entered _____

Insurance Record Past Three Years:

Policy Period	Insurance Company	Liab Prem	Phy Dam Prem	Cargo Prem	BI/PD losses	Phy dam/ Cargo losses

Description of Vehicles:

Year	Make/Model	Gross Vehicle Weight	Current Value	Deductible	Owned/Leased

Driver Information:

Name	Dob	Violations/Accidents/Dates	Number of yrs w/CDL

Limits Desired: BI/PD \$ _____ UM/UIM Limits: _____ Cargo Limits & Deductible: \$ _____

Any other Pertinent Information: _____

Producer Name and Address: _____

Person to Contact: _____ Phone: _____ Fax _____ Email _____