



Insurance Brokers, Inc.
www.interpacificbrokers.com

Commercial Automobile Physical Damage

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Quick Quote Application

Coverholder at **LLOYDS**

1. Name of the Insured: _____

Address: _____

Proposed Inception Date: _____

2. Cargo Carried (give approximate percentage if more than one commodity): _____

3. Radius of operations: A. Under 100 miles _____% B. 100 to 350 miles _____% C. over 350 miles _____%

4. Equipment to be Insured (please show the split in the number of owned and owner operated units):

Type	Number of Units	Maximum Valued Unit	Total Values
TRACTORS	Owned _____ O/O's _____	\$ _____	\$ _____
TRUCKS	Owned _____ O/O's _____	\$ _____	\$ _____
TRAILERS	Owned _____ O/O's _____	\$ _____	\$ _____
SERVICE TRUCKS	_____	\$ _____	\$ _____
PRIVATE PASSENGER CARS	_____	\$ _____	\$ _____

TOTAL INSURED VALUE \$ _____ (PLEASED ATTACHED VEHICLE SCHEDULE)

5. Please complete the following prior experience table (provide 5 year information if it is available):

Policy Period	Total Fleet Value	# Tractors	\$ Losses / #	Premium/rate	Carrier	Deductible
	\$ _____		\$ /	\$ _____		
	\$ _____		\$ /	\$ _____		
	\$ _____		\$ /	\$ _____		
	\$ _____		\$ /	\$ _____		
	\$ _____		\$ /	\$ _____		

6. Is Trailer Interchange required? YES NO

If Yes please provide (a) LIMIT \$ _____
(b) Number of trailer/trailer days exposed for the next 12 months _____

7. Does Assured have a full time Safety Program YES NO Brief Details of Safety Program _____

8. Target Premium: \$ _____

Target Deductible: \$ _____

Each and every vehicle, each loss, OR
Each loss, per occurrence