Genesee General™
a JenCap Company
Transportation

QUOTE SHEET 1-5 UNITS

AGENCY NAME

CONTACT

INSURED INFORMATION

Insured Name:
DBA:
Address:
City, State, Zip:
Phone Number:
Email:
MC / DOT #:
State Filings:

Owners Name:
DOB:
CDL:
FEIN #:
Years in Business:
New Venture: Yes ☐ or No ☐

Renewal Date:

TRUCK INFORMATION

#	Year	Make	Model	Value	VIN #
1					
2					
3					
4					
5					

TRAILER INFORMATION

#	Year	Make	Trailer Type	Value	VIN #
1					
2					
3					
4					
5					

DRIVER INFORMATION

Driver Name	DOB	License #	State	Date Hired	# of Yrs. CDL	O/O?	MVR History (36 months)

PRIOR INSURANCE CARRIER INFO OF THE PAST 4 YEARS

Policy Years	Insurance Company	Losses (Y/N)	Type of loss	Amount paid

	Liability
	Primary
	Non-Trucking

	Physical Damage	Deductible
	Comprehensive	
	Collision	

Cargo Limit	Deductible	Reefer Breakdown?

Coverage Type	Limits Requested
Auto Liability	
UM / UIM	
Medical Payments	
GL Coverage	
Trailer Interchange	

Commodities	%	Max Value

Radius	