



QUICK QUOTE SHEET

PHONE: 925 262-1900 FAX: 925 262-1901 EMAIL: Underwriting@GHIns.com

TODAY'S DATE _____ TIME _____ COVERAGE DATE _____

CONTACT NAME _____ AGENCY _____ CAB _____

TELE # _____ - _____ - _____ FAX _____ - _____ - _____ EMAIL _____

INSURED _____ DBA _____

GARAGING CITY _____ ST _____ ZIP _____

NATURE OF BUSINESS _____

COMMODITIES HAULED _____

NEW VENTURE OR YRS IN BUSINESS _____ LOSSES LAST 3 YRS _____

Attach loss reports for all accidents

RADIUS OF OPERATION _____ MILES TRAILERS: SINGLE DOUBLE TRIPLE

VEHICLE YEAR MAKE MODEL GVW VALUE DED

1. _____ _____ _____ \$ _____ \$ _____

2. _____ _____ _____ \$ _____ \$ _____

TRAILER YEAR MAKE MODEL GVW VALUE DED

1. _____ _____ _____ \$ _____ \$ _____

2. _____ _____ _____ \$ _____ \$ _____

3. _____ _____ _____ \$ _____ \$ _____

4. _____ _____ _____ \$ _____ \$ _____

OWNER DRIVEN: Y N **Attach MVR for all drivers and owners. MVRs should be within last 30 days**

NAME OF DRIVERS

1. _____ 2. _____

3. _____ 4. _____

FILING: Y N TYPE _____ # _____

Provide all filing numbers for this applicant

LIABILITY \$ _____ **UM** 15/30 30/60 NONE

CARGO \$ _____ DED \$ _____ REEFER BREAKDOWN: Y N DED: \$ _____

COMMENTS _____

**If you send a complete application with MVRs and Accident Reports , you will receive a quote within two hours.
(If you do not receive a quote or a request for more information within two hours please refax "Second Request")**

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