

SOUTHWEST INSURANCE MANAGEMENT TRUCKING QUOTE SHEET

TODAY'S DATE _____ TIME _____ COVERAGE DATE _____

CONTACT NAME _____ AGENCY _____ CAB _____

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

INSURED _____ DBA _____

GARAGING CITY _____ ST _____ ZIP _____

NATURE OF BUSINESS _____

COMMODITIES HAULED _____

YRS IN BUSINESS _____ LOSSES 3 YRS _____ LIA \$ _____ PD \$ _____ CG \$ _____

Attach Loss Report(s) for all Accident(s)

RADIUS OF OPERATION _____ TRAILERS:

VEHICLE YEAR	MAKE MODEL	GVW	VA LUE	VIN #	DED
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	\$ _____	\$ _____	_____	\$ _____
3. _____	_____	_____	\$ _____	_____	\$ _____
4. _____	_____	_____	\$ _____	_____	\$ _____

TRAILER YEAR	MAKE MODEL	GVW	VALUE	VIN #	DED
1. _____	_____	_____	\$ _____	_____	\$ _____
2. _____	_____	_____	\$ _____	_____	\$ _____
3. _____	_____	_____	\$ _____	_____	\$ _____
4. _____	_____	_____	\$ _____	_____	\$ _____

Attach MVR's for all driver(s) and owner(s) no more than 30 days old.

NAME OF DRIVERS

1. _____ 2. _____
 2. _____ 4. _____

FILING: TYPE _____ # _____

Provide all filing number(s)

LIABILITY \$ _____

UM PIP

PIP only available where mandatory

CARGO \$ _____ DED \$ _____

REEFER BREAKDOWN: DED: \$ _____

COMMENTS

Send the completed app. to info@epswim.com or fax to 915-503-2924

PRINT