



Concorde Brokerage of L.I. Ltd.

INDICATION REQUEST

Basic Information:

Company Name:

Address:

Phone:

Phone2:

DOT#: MC# FEIN#

*-IF NON TRUCKING

Email: MC OF COMPANY LEASED TO.

Commodities Hauling:

Radius of Operation:

Coverage: PRIMARY OR NON TRUCKING

Auto Liability: \$ 1,000,000 CSL OR INDICATE OTHER

Cargo Limit:

General Liability:

Non Owned/Trailer Interchange:

Driver/s:

Name	Date of Birth	License #	State Issued	Year CDL A	Violation/Accidents

- IF OWNER IS NOT A DRIVER WE WOULD TILL NEED ALL OWNERS INFORMATION

TRUCK AND TRAILER INFORMATION:

** Comp/Collision DED \$1,000 ea.

Year	Make	Model	Vehicle ID #	Stated Value	GVW

Insured now? With Whom? How long? * Need Loss Runs...*****