



INDICATION REQUEST

COMMERCIAL TRUCKING INSURANCE

1. BASIC INFORMATION

Company Name:		
Address:		
Phone:		
Phone 2:		
DOT#:	MC# (If Non-Trucking MC of company leased to)	FEIN#:
Email:		

2. OPERATIONS & COVERAGE

Commodities Hauled:	
Radius of Operation:	
Coverage:	☐ Primary Liability ☐ Non-Trucking Liability (NTL)
Auto Liability:	\$1,000,000 CSL or indicate other: _____
Cargo Limit:	
General Liability:	
Non-Owned / Trailer Interchange:	

3. DRIVER(S)

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

* If owner is not a driver we would still need all owners information.

4. TRUCK AND TRAILER INFORMATION

** Comp/Collision Deductible \$1,000 each.

Year	Make	Model	Vehicle ID # (VIN)	Stated Value	GVW

☐ Insured now? ☐ With whom? _____ How long? _____ ☐ Need Loss Runs?

PHONE 516-764-9100 | FAX 516-900-1190

quotes@cbli.net | www.concordebrokerage.com