

## Concorde Brokerage of L.I. Ltd.

INDICATION REQUEST NON TRUCKING

FEIN#:

**Basic Information:** 

Company Name:

**Insured now?** 

Address:

Phone:

<u>Name</u> Year	Date of Birth  Make	License #	State Issued  Vehicle ID	CON	SICAL DAMAGE MPREHENSIVE & COLLI  Stated Value	
Name	Date of Birth	License #	State Issued	Year CDL	. <u>A</u>	Violation/Accidents
<u>Name</u>	Date of Birth	License #	State Issued	Year CDL	.A	Violation/Accidents
<u>Name</u>	Date of Birth	License #	State Issued	Year CDI	.A	Violation/Accidents
Name	<u>Date of Birth</u>	License #	State Issued	Year CDL	. А	Violation/Accidents
<u>Name</u>	Date of Birth	License #	State Issued	Year CDL	. <u>A</u>	Violation/Accidents
Any notes or specific  Driver/s: IF OWNER		R PLEASE LIST OWNEI	RS INFORMATION AS	WELL AND	Phone 516-764 info@cbli.net	salem Ave North Bellmore, NY 11710  www.concordebrokerage.com  orms of Property & Casualty Insurance  4-9100 - Fax 516-900-114  - certs@cbli.net - quotes@cbli.i
rato ziasinty:					Concord	e Brokerage of L.I. L
Coverage: NON TRUCKING LIABILITY  Auto Liability: \$1,000,000 CSL						XXXXX
Radius of Operation:						
Commodities Hauling	_					
Email:						
Phone2: Leased to: DOT#: Email:	MC#	(LEASE AGREEME	NT WILL BE REQUIRE	D)		

Phone 516-764-9100 - Fax 516-900-1190 info@cbli.net - certs@cbli.net - quotes@cbli.net

SEND BACK TO: QUOTES@CBLI.NET

How long?

\*\*\*Need Loss Runs...\*\*\*

With Whom?