Concorde Brokerage of L.I. Ltd.

TRUCKING INDICATION REQUEST

Basic Information:

Company Name:

Address:

Phone:

Phone2:

DOT#:   MC#   FEIN#:

Email:

Commodities Hauling: What are we hauling? Try to be specific.

Radius of Operation: (ONE WAY AVERAGE RUN)

Coverage: **Primary**   Primary or Non Trucking?

Auto Liability: Example: $1,000,000CSL $750,000CSL

Cargo Limit: Refrigerated Breakdown Coverage Needed?
    Cargo Limit Needed: Example $100,000

General Liability: NEEDED   NOT REQUESTED   (1M per occurrence,2M aggregate will be quote unless otherwise specified)

Non Owned/Trailer Interchange: Please indicate limit needed.

Driver/s:

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

* If Owner is not a driver we will still need the owner information.

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

Year	Make	Model	Vehicle ID #	Stated Value	GVW

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

Personal Auto Counts if in effect greater then 12 months(Need BI Limits)   NEED IFTAS