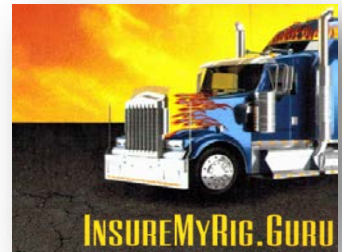




TRUCKING INSURANCE QUICK QUOTE

LONG-HAUL ● LOCAL ● TOWING ● REPO ● LOGGING ● AGRICULTURE ● COMMERCIAL AUTO ● CARGO

Valley Insurance Service Inc.
Jeffrey S. Holly
Toll-Free: 877-670-3276
Office: 478-825-2034
Fax: 478-825-0143
Email: jeff@visins.net



YOUR TRUCK INSURANCE STATION

InsureMyRig.guru is a division of Valley Insurance Service Inc. PO Box 1289 Fort Valley, GA 31030

(Note: This fillable form may not respond correctly if you are using Windows 10. If so, please print, complete, then email or fax to us.)

DATE:	DESIRED EFFECTIVE DATE:
Agency Name:	Phone:
Contact Person:	Email:



INSURED INFORMATION	
Insured Name: _____	ICC# / MC# _____
Garaging Location: _____	US DOT # _____
City: _____	State: _____ Zip: _____
Phone: _____	Average Miles Driven (please select one): 0-200 201-1000 Over 1000
# of Units Owned: _____	Insured FEIN or SSN: _____
Commodities Hauled: _____	States Entered: _____
Major Cities Entered: _____	
Does insured have plans to add more vehicles in the next 12 months? _____ Yes or No	
Number of years primary liability coverage under the above name: _____	
Entering Canada? _____ Entering Mexico? _____	
Who has insured been working for in the past 12 months? _____	
Has the insured been cancelled or non-renewed in the past 3 years? _____ Yes or No	
Does the insured allow non-employee passengers? _____ Yes or No	

EQUIPMENT INFORMATION		***Physical Damage: If requesting a quote for this coverage, list stated amount below***		
Year	Make	Type	VIN (Full VIN is required)	Stated Amount
				\$
				\$
				\$
				\$

DRIVER INFORMATION		***MVRs on all drivers required***		
Driver Name	State	DOB	Driver License Number	

LIABILITY		MOTOR TRUCK CARGO			
Liability Limit: \$ _____	Cargo Limit: \$ _____	Reefer Breakdown:		Yes or No	
Uninsured Motorist Limit: \$ _____	Commodity: _____	% of Loads:	Maximum	Average	
Underinsured Motorist Limit: \$ _____		%	\$	\$	
Personal Injury Protection Limit: \$ _____		%	\$	\$	
Trailer Interchange Limit: \$ _____		%	\$	\$	
Trucker GL Limit: \$ _____	Non-Trucking Payroll: \$ _____				

LOSS HISTORY		***Loss Runs are required if prospect client has prior coverage***		
Year	Carrier	Number of Claims	Loss Information	

*Please tell us how you heard about us, i.e. Sales Agent, Insurance Agent, Etc.: _____