

Transportation Quick Quote Application

Email completed application to SubmitWheels@midman.com.

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

INSURED DETAILS											
Name:							Date:				
DBA:											
MC Number:					DOT Number:						
Garaging Location:											
Mailing Address:											
		Street			City		State	Zip	County		
Bus. Phone:				Home:			Cell:			Fax:	
Commodities:											
Area of Operation:							Radius:				
Effective Date:											
No. of years w/ own authority:					Annual Mileage/PWR Unit:						

LIMITS											
Primary Liability:				UM/UIM:			PIP:			Hired/Non-Owned:	
Non-Trucking Liability:				UM/UIM:				PIP:			
Physical Damage:					TIV:				Physical Ded.:		
Cargo Limit:				Cargo Ded.:			Trl. Interchange:			Trl. Int. Limit:	

EQUIPEMENT LIST											
1.Year:		Make:		Type:		GVW:		Value:		VIN:	
2.Year:		Make:		Type:		GVW:		Value:		VIN:	
3.Year:		Make:		Type:		GVW:		Value:		VIN:	
4.Year:		Make:		Type:		GVW:		Value:		VIN:	
5.Year:		Make:		Type:		GVW:		Value:		VIN:	

DRIVER LIST											
1.Name:		DOB:		Yrs Exp:		DOH:		DL No.:		VIOL:	
2.Name:		DOB:		Yrs Exp:		DOH:		DL No.:		VIOL:	
3.Name:		DOB:		Yrs Exp:		DOH:		DL No.:		VIOL:	
4.Name:		DOB:		Yrs Exp:		DOH:		DL No.:		VIOL:	
5.Name:		DOB:		Yrs Exp:		DOH:		DL No.:		VIOL:	

PRIOR CARRIER / LOSSES:								
Current Year:		Policy No.:		No. of Losses:		\$ Incurred:		
1 st Year Prior:		Policy No.:		No. of Losses:		\$ Incurred:		
2 nd Year Prior:		Policy No.:		No. of Losses:		\$ Incurred:		
Has the policy been cancelled or non-renewed in the last 3 year? <i>If yes, describe below.</i>							Yes	No
Remarks:								
Expiring Premium:				Agency Renewal:				
Producer Email:								
WATS:								

Email completed application to SubmitWheels@midman.com.