



GRIFFIN GENERAL AGENCY, INC
PROPERTY & CASUALTY INSURANCE, MGA

COMMERCIAL MOTOR TRUCK CARGO QUOTE

AGENCY NAME _____ PRODUCER# _____
 FROM _____ EMAIL ADDRESS _____
 PHONE# _____ FAX# _____

NAMED INSURED _____ PHONE _____

DBA (IF ANY) _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

PREVIOUS CARRIER _____

CANCELED OR NON RENEWED _____
 (REASON) _____

LOSSES (IF ANY) _____

NUMBER OF UNITS _____ AMMOUNT OF COVERAGE PER UNIT _____

COUNTY _____

GARAGING TERRITORY _____ RADIUS _____

STATES OPERATING IN _____

DOES INSURED TRAVEL TO NEW YORK CITY? _____

WHAT PERCENT OF THE TIME _____

ALL RISK _____ NAMED PERIL _____

VEHICLE INFORMATION: (MORE THAN 5 UNITS MUST BE SUBMITTED WITH LOSS RUNS)

YEAR	MAKE	MODEL	VIN#
1.			
2.			
3.			
4.			
5.			

DRIVER INFORMATION (OWNER MUST BE LISTED)

NAME	DATE OF BIRTH	DRIVER LICENSE #
1.		
2.		
3.		
4.		
5.		

COMMENTS:
