Erickson-Larsen, Inc.
6425 Sycamore Court N.
Maple Grove, MN 55369-6028
Phone (800) 442-3168 – Fax (763) 535-4051

Bjornson/Sentinel-E&L
P.O. Box 2827
Fargo, ND 58108-2827
Phone (800) 284-0965 – Fax (701) 232-2529

Erickson-Larsen, Inc.
P.O. Box 8156
Madison, WI 53708-8156
Phone (888) 249-6050 – Fax (608) 249-5874

Commercial Auto Quick Quote Form

GENERAL INFORMATION			Date Quote Desired by:
Name			
Garaging Address			
City	State	Zip	E-Mail

DESCRIPTION OF OPERATIONS ☐ For Hire ☐ Private ☐ Non-Trucking ☐ Other (explain) _____

Range of Transport	**Commodity (check all that apply)**
☐ Interstate ☐ Instrastate	☐ Property (nonhazardous) ☐ Refuse/Waste/Garbage ☐ Hazardous Substances requiring $1,000,000 Liability Limits or less ☐ Hazardous Substances requiring liability limits in excess of $1,000,000 (if checked, attach explanation)

RADIUS ☐ 50 ☐ 100 ☐ 300 ☐ 500 ☐ Unlimited Annual Mileage: Annual Revenue:

% of Travel on Interstate Highways: Percentage of Loads Secured through Broker:

Note: Please include past 12 months Mileage Prorate with quick quote form

OPERATIONS BEYOND 300 MILE RADIUS: Identify Cities Traveled Through or Into

☐ Atlanta	☐ Cleveland	☐ Jacksonville	☐ Milwaukee	☐ Philadelphia	☐ San Diego
☐ Balt.-Washington	☐ Dallas	☐ Kansas City	☐ Mpls./St. Paul	☐ Phoenix	☐ San Francisco
☐ Boston	☐ Denver	☐ Little Rock	☐ Nashville	☐ Pittsburgh	☐ Seattle
☐ Buffalo	☐ Detroit	☐ Los Angeles	☐ New Orleans	☐ Portland	☐ Tulsa
☐ Charlotte	☐ Hartford	☐ Louisville	☐ New York City	☐ Richmond	☐ Eastern Zone
☐ Chicago	☐ Houston	☐ Memphis	☐ Oklahoma City	☐ St. Louis	☐ Gulf zone
☐ Cincinnati	☐ Indianapolis	☐ Miami	☐ Omaha	☐ Salt Lake City	☐ Southeast Zone

Cities other than above or regular routes _____

COMMODITIES TRANSPORTED

Commodity	% of Loads	Maximum Value	Commodity	% of Loads	Maximum Value

Are Filings required? ☐ Yes ☐ No Docket # _____

DRIVER INFORMATION

Driver	Driver's License No.	Date of Birth	# of Years Experience	Date of Hire	Number of Violations Past 3 Years # Minor	Past 3 Years # Major	Past Year # Minor	# of Accid. In last 3 Years

INSURANCE HISTORY & LOSS EXPERIENCE **Years Prior Insurance Under Business Name** _____

HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS? ☐ **Yes** ☐ **No**

FROM Mo/Yr	TO Mo/Yr	Insurance Company	Policy Number	Premium Paid	Date Of Loss	Amount Paid

SCHEDULE OF AUTOS TO BE INSURED **All units you own or that are leased to you must be scheduled and insured if filings are to be made.**

No.	Vehicle Description	Gross Vehicle Weight	#/Pass	Stated Value
1.				
2.				
3.				
4.				

COVERAGES

☐ AUTO LIABILITY ☐ LIABILITY FOR NON-TRUCKING USE ☐ EMPLOYERS NONOWNERSHIP LIABILITY (# of employees _____)

LIMITS: ☐ Combined Single Limit (BI/PD) $_____CSL

☐ Split Limits BI $_____per person $_____per accident PD $_____each accident

☐ HIRED AUTO LIABILITY

PHYSICAL DAMAGE **Deductibles:**		☐ CARGO		LIMITS	
☐ Comprehensive	OR $	Limit	$	☐ UNINSURED MOTORISTS	$
☐ Specified Perils	$	Deductible	$	☐ UNDERINSURED MOTORISTS	$
☐ Collision	$	☐ Decline Hired Auto Coverage		☐ MEDICAL PAYMENTS	$
				☐ PERSONAL INJURY PROTECTION	$

AGENCY INFORMATION AGENT: _____

Agency Name & Address: _____

City: State: Zip: Phone: Fax:

PLEASE NOTE: THIS IS NOT AN APPLICATION