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Commercial Auto Quick Quote Form

GENERAL INFORMATION		Desired Effective Date:		
Name _____				
Garaging Address _____				
City _____		State _____	Zip _____	
DESCRIPTION OF OPERATIONS		<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other (explain) _____		
Range of Transport		Commodity (check all that apply)		
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		<input type="checkbox"/> Property (nonhazardous) <input type="checkbox"/> Refuse/Waste/Garbage <input type="checkbox"/> Hazardous Substances requiring \$1,000,000 Liability Limits or less <input type="checkbox"/> Hazardous Substances requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)		
RADIUS <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> 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				
<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Philadelphia
<input type="checkbox"/> Balt.-Washington	<input type="checkbox"/> Dallas	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Mpls./St. Paul	<input type="checkbox"/> Phoenix
<input type="checkbox"/> Boston	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Nashville	<input type="checkbox"/> Pittsburgh
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Detroit	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Portland
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Hartford	<input type="checkbox"/> Louisville	<input type="checkbox"/> New York City	<input type="checkbox"/> Richmond
<input type="checkbox"/> Chicago	<input type="checkbox"/> Houston	<input type="checkbox"/> Memphis	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> St. Louis
<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Omaha	<input type="checkbox"/> Salt Lake City
Cities other than above or regular routes _____				
COMMODITIES TRANSPORTED				
Commodity	% of Loads	Maximum Value	Commodity	% of Loads
Are Filings required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Docket # _____		
DRIVER INFORMATION				
Driver	Driver's License No.	Date of Birth	# of Years Experience	Date of Hire
		Number of Violations		# of Accid. In last 3 Years
		Past 3 Years	Past Year	
		# Minor	# Major	
INSURANCE HISTORY & LOSS EXPERIENCE Years Prior Insurance Under Business Name _____				
HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
FROM Mo/Yr	TO Mo/Yr	Insurance Company	Policy Number	Premium 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				
<input type="checkbox"/> AUTO LIABILITY <input type="checkbox"/> LIABILITY FOR NON-TRUCKING USE <input type="checkbox"/> EMPLOYERS NONOWNERSHIP LIABILITY (# of employees _____)				
LIMITS: <input type="checkbox"/> Combined Single Limit (BI/PD) \$ _____ CSL				
<input type="checkbox"/> Split Limits BI \$ _____ per person \$ _____ per accident PD \$ _____ each accident				
<input type="checkbox"/> HIRED AUTO LIABILITY				
PHYSICAL DAMAGE		CARGO		LIMITS
Deductibles:		Limit \$ _____	<input type="checkbox"/> UNINSURED MOTORISTS \$ _____	
<input type="checkbox"/> Comprehensive OR \$ _____	<input type="checkbox"/> Specified Perils \$ _____	Deductible \$ _____	<input type="checkbox"/> UNDERINSURED MOTORISTS \$ _____	
<input type="checkbox"/> Collision \$ _____	<input type="checkbox"/> Decline Hired Auto Coverage		<input type="checkbox"/> MEDICAL PAYMENTS \$ _____	
			<input type="checkbox"/> PERSONAL INJURY PROTECTION \$ _____	
AGENCY INFORMATION AGENT: _____				
Agency Name & Address: _____				
City: _____	State: _____	Zip: _____	Phone: _____	Fax: _____