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

Bjornson/Sentinel-E&L
4342 15th Ave S, #101
Fargo, ND 58103
Phone (800) 284-0965 – Fax (701) 232-2529

Commercial Auto Quick Quote Form

GENERAL INFORMATION		Desired Effective Date:																																											
Name																																													
Garaging Address		City	State Zip																																										
Years Prior Insurance Under Business Name																																													
DESCRIPTION OF OPERATIONS		<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other																																											
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:																																											
Note: Please include past 12 months Mileage Prorate with quick quote form																																													
OPERATIONS BEYOND 300 MILE RADIUS: Identify Cities Traveled Through or Into																																													
<table border="0"><tr><td><input type="checkbox"/> Atlanta</td><td><input type="checkbox"/> Cleveland</td><td><input type="checkbox"/> Jacksonville</td><td><input type="checkbox"/> Milwaukee</td><td><input type="checkbox"/> Philadelphia</td><td><input type="checkbox"/> San Diego</td></tr><tr><td><input type="checkbox"/> Balt.-Washington</td><td><input type="checkbox"/> Dallas</td><td><input type="checkbox"/> Kansas City</td><td><input type="checkbox"/> Mpls./St. Paul</td><td><input type="checkbox"/> Phoenix</td><td><input type="checkbox"/> San Francisco</td></tr><tr><td><input type="checkbox"/> Boston</td><td><input type="checkbox"/> Denver</td><td><input type="checkbox"/> Little Rock</td><td><input type="checkbox"/> Nashville</td><td><input type="checkbox"/> Pittsburgh</td><td><input type="checkbox"/> Seattle</td></tr><tr><td><input type="checkbox"/> Buffalo</td><td><input type="checkbox"/> Detroit</td><td><input type="checkbox"/> Los Angeles</td><td><input type="checkbox"/> New Orleans</td><td><input type="checkbox"/> Portland</td><td><input type="checkbox"/> Tulsa</td></tr><tr><td><input type="checkbox"/> Charlotte</td><td><input type="checkbox"/> Hartford</td><td><input type="checkbox"/> Louisville</td><td><input type="checkbox"/> New York City</td><td><input type="checkbox"/> Richmond</td><td><input type="checkbox"/> Eastern Zone</td></tr><tr><td><input type="checkbox"/> Chicago</td><td><input type="checkbox"/> Houston</td><td><input type="checkbox"/> Memphis</td><td><input type="checkbox"/> Oklahoma City</td><td><input type="checkbox"/> St. Louis</td><td><input type="checkbox"/> Gulf zone</td></tr><tr><td><input type="checkbox"/> Cincinnati</td><td><input type="checkbox"/> Indianapolis</td><td><input type="checkbox"/> Miami</td><td><input type="checkbox"/> Omaha</td><td><input type="checkbox"/> Salt Lake City</td><td><input type="checkbox"/> Southeast Zone</td></tr></table> Cities other than above or regular routes				<input type="checkbox"/> Atlanta	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> San Diego	<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"/> San Francisco	<input type="checkbox"/> Boston	<input type="checkbox"/> Denver	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Nashville	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> Seattle	<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"/> Tulsa	<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"/> Eastern Zone	<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"/> Gulf zone	<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Miami	<input type="checkbox"/> Omaha	<input type="checkbox"/> Salt Lake City	<input type="checkbox"/> Southeast Zone
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COMMODITIES TRANSPORTED																																													
Commodity		% of Loads	Maximum Value	Commodity		% of Loads	Maximum Value																																						
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 # Minor	Past Year # Major																																						
INSURANCE HISTORY & LOSS EXPERIENCE																																													
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	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																																													
<input type="checkbox"/> AUTO LIABILITY <input type="checkbox"/> LIABILITY FOR NON-TRUCKING USE <input type="checkbox"/> EMPLOYERS NONOWNERSHIP LIABILITY (# of employees _____)																																													
<input type="checkbox"/> HIRED AUTO LIABILITY																																													
LIMITS: <input type="checkbox"/> Combined Single Limit (BI/PD) \$ _____ CSL								LIMITS																																					
PHYSICAL DAMAGE				<input type="checkbox"/> CARGO		<input type="checkbox"/> GENERAL LIABILITY \$																																							
Deductibles:				Limit \$		<input type="checkbox"/> UNINSURED MOTORISTS \$																																							
<input type="checkbox"/> Comprehensive OR \$				Deductible \$		<input type="checkbox"/> UNDERINSURED MOTORISTS \$																																							
<input type="checkbox"/> Specified Perils \$						<input type="checkbox"/> MEDICAL PAYMENTS PERSONAL \$																																							
<input type="checkbox"/> Collision \$						<input type="checkbox"/> INJURY PROTECTION \$																																							
AGENCY INFORMATION																																													
AGENT:																																													
Agency Name & Address:																																													
City:		State:		Zip:		Phone:		Fax:																																					