



"Quick Quote" Trucking Application

www.bgsurplus.com

Submitted by: _____ Agency: _____
 Phone: _____ Email: _____
 Fax: _____ Date: _____

Applicant Information

Company name: _____ Effective date of coverage: _____
 Owner(s): _____
 Is the owner a driver on above account? YES NO
 Address: _____ FEIN: _____
 City: _____ State: _____ Zip: _____

Operations

Max radius of operations: _____ MC/DOT#: _____
 Radius % 0- 75 _____% 76 - 200 _____% 201-500 _____% 501+ _____%
 List all major cities operated into or through: _____

Commodities Hauled	%	Average Value	Max Value

(Sending the most current four quarters of IFTAs will ensure most accurate pricing.)

Do you use hired or owner/operator equipment? If yes, cost of hire: _____ YES NO
 Do you permanently lease to others? If yes, carrier name: _____ YES NO
 Is all commercial equipment owned/operated listed? YES NO
 Do you haul doubles? YES NO Triples? YES NO
 Do you trip lease to other ICC Carriers? YES NO

Vehicle Information (all owned equipment must be listed.)

	Year	Make	Type	GVW	Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



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Applicant: _____

Driver Information (Please complete for all operators)

	Name	DOB	Years Experience	Accidents/Violations
1				
2				
3				
4				
5				

If hauling autos or livestock, must specify years of experience for these items.

Coverage Information

Prior insurance history (complete for past three years). Please forward loss runs.

Company	Effective Date	Liability	Physical Dmg	Cargo

Liability Limit	\$ _____	Deductible	\$ _____
UM/UIM Limit	\$ _____		
Med/PIP limit	\$ _____		
H/A Liability	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cost of Hire	\$ _____
N/O Liability	<input type="checkbox"/> YES <input type="checkbox"/> NO	# of Employees	_____
Cargo Limit	\$ _____	Deductible	\$ _____
Reefer Coverage	<input type="checkbox"/> YES <input type="checkbox"/> NO	Deductible	\$ _____
		Physical Damage Deductible	\$ _____
Hired Auto Physical Damage	<input type="checkbox"/> YES <input type="checkbox"/> NO	Limit/Value	\$ _____
Trailer Interchange	<input type="checkbox"/> YES <input type="checkbox"/> NO	Limit/Value	\$ _____
# of Trailers	_____	# Trailer days/year	_____

NOTES: _____

Desired Pricing: Liability (per unit) \$ _____ Cargo (per unit) \$ _____
 Physical Damage \$ _____ or _____ %

Please email to quotes@bgsurplustx.com; or fax to **800-338-8379**!

Call us with any questions or concerns!

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