

Commercial Truck Quote Request

Phone: 936.622.0740 • Fax: 936.634.2404 • Email: quotes@worktruckins.com



Tell Us About Your Company...

Business Name: _____ Entity Type: _____
FEIN/SS#: _____ TXDOT#: _____ USDOT#: _____
Interstate: Yes No Year Started: _____ Business Description: _____
Commodities Hauled with % (Must equal 100%): _____
Physical Address: _____
City: _____ State: _____ Zip: _____ Fax: _____
Owner Name/Title: _____ Years Experience: _____
Phone: _____ Can we text this number? Yes No Email: _____

List All Owned Vehicles/Trailers

Year	Make-Model-Body (type hitch)	VIN Number

GVW	Zip	Radius	Comp/Coll Ded	Total Vehicle Value	Any Attached Equipment & Value

Drivers Information

Name	DOB	DL#	M/F	Year CDL	Claims/Accidents/Violations Last 5 Years

Insurance Coverage...

Expiration Date: _____ Current Insurance Company: _____ Current Premium: \$ _____
#Waiver of Subrogations: ___ Filings Needed: _____ # Additional Insureds: _____
Requested Coverage Limits: \$ _____ Liability \$ _____ UM/UIM \$ _____ MedPay \$ _____ General
\$ _____ Cargo \$ _____ Trailer Interchange Other: _____
Losses/claims prior 5 years: _____

Complete This Form and Then...



Email to
quotes@worktruckins.com
OR



Fax to
936.634.2404
OR



Call us at
936.622.0740
855.275.6440

To get the most accurate comparison, please attach your current policy declaration pages.