

**DVUA-PITTSBURGH, INC.**  
 One Forestwood Drive, Pittsburgh, PA 15237  
 (412) 369-2500 FAX # (412) 366-1760



**QUICK QUOTE QUESTIONNAIRE**

**LOCAL & INTERMEDIATE TRUCKING (0 - 300 MILES)**

This QUESTIONNAIRE is for a premium indication only and is not a binding agreement. Additional information may be required. Binding is subject to a completed and signed application.

INSURED \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PRINCIPAL GARAGING LOCATION \_\_\_\_\_  
 YEARS IN BUSINESS \_\_\_\_\_

TYPE OF CARRIER? COMMON \_\_\_\_\_ CONTRACT \_\_\_\_\_ PRIVATE \_\_\_\_\_ OTHER \_\_\_\_\_  
 IF OTHER, EXPLAIN \_\_\_\_\_

PUC FILINGS REQUIRED? \_\_\_\_\_ IF SO, WHAT STATES \_\_\_\_\_  
 ICC FILINGS REQUIRED? \_\_\_\_\_ IF SO, DOCKET NUMBER \_\_\_\_\_  
 SINGLE STATE FILING \_\_\_\_\_  
 ANY OVERSIZED/WEIGHT FILINGS REQUIRED? \_\_\_\_\_ IF SO, EXPLAIN \_\_\_\_\_

TYPE OF CARGO HAULED \_\_\_\_\_ ANY HAZARDOUS? \_\_\_\_\_  
 RADIUS OF OPERATION: 0-50 \_\_\_\_\_ 50-200 \_\_\_\_\_ 200-300 \_\_\_\_\_ OVER 300 \_\_\_\_\_  
 MAJOR CITIES ENTERED INTO \_\_\_\_\_

**INSURANCE RECORD PAST THREE YEARS:**

POLICY PERIOD	INSURANCE COMPANY	PREMIUM PAID	LOSSES

**DESCRIPTION OF VEHICLES:**

YEAR	MAKE/MODEL	MOTOR ID#	GVW	VALUE	DESIRED DEDUCTIBLE	OWNED/LEASED

**DRIVER INFORMATION:**

NAME	DATE OF BIRTH	MOVING VIOLATIONS/ACCIDENTS	NO. YEARS OPERATING

OTHER PERTINENT INFORMATION \_\_\_\_\_

LIMITS DESIRED: BI/PD \$ \_\_\_\_\_ LIABILITY DEDUCTIBLE \_\_\_\_\_  
 UM LIMIT \$ \_\_\_\_\_ PIP (NO FAULT) \$ \_\_\_\_\_  
 IF PHYSICAL DAMAGE IS DESIRED, INDICATE CURRENT VALUE AND REQUESTED DEDUCTIBLE IN DESCRIPTION ABOVE

PRODUCER NAME & ADDRESS \_\_\_\_\_  
 PERSON TO CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_  
 FAX # \_\_\_\_\_ DATE \_\_\_\_\_