



DVUA West Virginia, Inc.
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QUICK QUOTE QUESTIONNAIRE

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 _____ 50-100 _____ 101-150 _____ 151-300 _____ OVER 300 _____
 MAJOR CITIES ENTERED INTO _____

INSURANCE RECORD PAST THREE YEARS:

POLICY PERIOD	INSURANCE COMPANY	PREMIUM PAID	LOSSES

DESCRIPTION OF VEHICLES:

YEAR	MAKE/MODEL	GVW	STATED AMOUNT	DESIRED DEDUCTIBLE	OWNED/LEASED

DRIVER INFORMATION:

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

OTHER PERTINENT INFORMATION _____

LIMITS DESIRED:

BI/PD \$:	CARGO LIMIT:	LIABILITY DEDUCTIBLE:
UM LIMIT:	MED PAY:	

IF PHYSICAL DAMAGE IS DESIRED, SHOW CURRENT VALUE AND REQUESTED DEDUCTIBLE IN DESCRIPTION ABOVE

PRODUCER NAME & ADDRESS _____
 PERSON TO CONTACT _____ PHONE # _____
 EMAIL ADDRESS _____ FAX # _____ DATE _____