

One Page Quote Sheet

SUNFOREST TRANSPORTATION INSURANCE GROUP
P.O. BOX 23290 TOLEDO, OH 43623
PHONE: 888/283-3373 FAX: 419/475-9455

BROKER: _____
FAX #: _____
DATE: _____
EFFECTIVE DATE: _____

RISK:

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

MC#: _____ DOT#: _____

COMMODITIES:

RADIUS by %: UNDER 50 _____ 51-300 _____ 300-500 _____
OVER 500 _____

ANNUAL MILEAGE _____ (Attach 4 quarters IFTA mileage or Schedule B if available)

MAJOR CITIES TRAVELED TO/THROUGH: _____

YEARS IN BUSINESS: _____ FEIN or SSN: _____

ANNUAL REVENUE: _____

LOSS HISTORY:

PERIOD	Ins. Co	Liability	APD	MTC
CURRENT YEAR	_____	_____	_____	_____
YEAR 2	_____	_____	_____	_____
YEAR 3	_____	_____	_____	_____
YEAR 4	_____	_____	_____	_____

DRIVER:

NAME _____ DOB _____ YEARS EXP _____ Violations: 3 YEARS

**MVRS ARE REQUIRED BEFORE BINDING COVERAGE.

UNITS:

Year	Make Style	Body	GVW	Value	Owned or Owner Oper.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COVERAGES (MARK/COMPLETE APPROPRIATE SELECTIONS)

AUTO LIABILITY 750,000 1,000,000
UM LIMIT BASIC MATCHING
NON-TRUCKING 750,000 1,000,000
AUTO PHYSICAL DAMAGE 500 1000 2500
CARGO LIMIT (\$10,000-\$250,000) _____
CARGO DEDUCTIBLE 500 1000 2500
GENERAL LIABILITY 750,000 1,000,000
OTHER (Hired Car, Non-owned, Trailer Int., etc.) _____

PROPOSALS OBTAINED THROUGH THE USE OF THIS FORM ARE SUBJECT TO COMPLETED APPLICATIONS, MVR VERIFICATION, AND FINAL APPROVAL FROM THE INSURING COMPANY. THIS FORM DOES NOT REPLACE THE INSURING COMPANY'S OWN APPLICATION