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Commercial Auto Quick Quote Form

GENERAL INFORMATION		Desired Effective Date:					
Name _____							
Garaging Address _____		City _____		State _____ Zip _____			
Email Address _____			Years Prior Insurance Under Business Name				
DESCRIPTION OF OPERATIONS		<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Non-Trucking <input type="checkbox"/> Other					
Range of Transport		Commodity (check all that apply)					
<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		<input type="checkbox"/> Property (nonhazardous) <input type="checkbox"/> Refuse/Waste/Garbage <input type="checkbox"/> Hazardous Substances requiring \$1,000,000 Liability Limits or less <input type="checkbox"/> Hazardous Substances requiring liability limits in excess of \$1,000,000 (if checked, attach explanation)					
RADIUS <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> Unlimited		Annual Mileage: _____		Annual Revenue: _____			
Note: Please include past 12 months Mileage Prorate with quick quote form							
OPERATIONS BEYOND 300 MILE RADIUS: Identify Cities Traveled Through or Into							
<input type="checkbox"/> Atlanta <input type="checkbox"/> Cleveland <input type="checkbox"/> Jacksonville <input type="checkbox"/> Milwaukee <input type="checkbox"/> Philadelphia <input type="checkbox"/> San Diego <input type="checkbox"/> Balt.-Washington <input type="checkbox"/> Dallas <input type="checkbox"/> Kansas City <input type="checkbox"/> Mpls./St. Paul <input type="checkbox"/> Phoenix <input type="checkbox"/> San Francisco <input type="checkbox"/> Boston <input type="checkbox"/> Denver <input type="checkbox"/> Little Rock <input type="checkbox"/> Nashville <input type="checkbox"/> Pittsburgh <input type="checkbox"/> Seattle <input type="checkbox"/> Buffalo <input type="checkbox"/> Detroit <input type="checkbox"/> Los Angeles <input type="checkbox"/> New Orleans <input type="checkbox"/> Portland <input type="checkbox"/> Tulsa <input type="checkbox"/> Charlotte <input type="checkbox"/> Hartford <input type="checkbox"/> Louisville <input type="checkbox"/> New York City <input type="checkbox"/> Richmond <input type="checkbox"/> Eastern Zone <input type="checkbox"/> Chicago <input type="checkbox"/> Houston <input type="checkbox"/> Memphis <input type="checkbox"/> Oklahoma City <input type="checkbox"/> St. Louis <input type="checkbox"/> Gulf zone <input type="checkbox"/> Cincinnati <input type="checkbox"/> Indianapolis <input type="checkbox"/> Miami <input type="checkbox"/> Omaha <input type="checkbox"/> Salt Lake City <input type="checkbox"/> Southeast Zone Cities other than above or regular routes _____							
COMMODITIES TRANSPORTED							
Commodity		% of Loads	Maximum Value	Commodity	% of Loads	Maximum Value	
Are Filings required? <input type="checkbox"/> Yes <input type="checkbox"/> No Docket # _____							
DRIVER INFORMATION							
Driver	Driver's License No.	Date of Birth	# of Years Experience	Date of Hire	Number of Violations		# of Accid. In last 3 Years
					Past 3 Years # Minor	Past Year # Minor	
INSURANCE HISTORY & LOSS EXPERIENCE							
HAS ANY INSURANCE COMPANY CANCELED OR NONRENEWED YOUR POLICY IN THE LAST THREE YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No							
FROM Mo/Yr	TO Mo/Yr	Insurance Company	Policy Number	Premium Paid	Date Of Loss	Amount Paid	
SCHEDULE OF AUTOS TO BE INSURED							
All units you own or that are leased to you must be scheduled and insured if filings are to be made.							
No.	Vehicle Description		Gross Vehicle Weight	#/Pass	Stated Value		
1.							
2.							
3.							
4.							
COVERAGES							
<input type="checkbox"/> AUTO LIABILITY <input type="checkbox"/> LIABILITY FOR NON-TRUCKING USE <input type="checkbox"/> EMPLOYERS NONOWNERSHIP LIABILITY (# of employees _____) <input type="checkbox"/> HIRED AUTO LIABILITY							
LIMITS: <input type="checkbox"/> Combined Single Limit (BI/PD) \$ _____ CSL LIMITS							
PHYSICAL DAMAGE		<input type="checkbox"/> CARGO		<input type="checkbox"/> GENERAL LIABILITY	\$ _____		
Deductibles:		Limit \$ _____		<input type="checkbox"/> UNINSURED MOTORISTS	\$ _____		
<input type="checkbox"/> Comprehensive OR		Deductible \$ _____		<input type="checkbox"/> UNDERINSURED MOTORISTS	\$ _____		
<input type="checkbox"/> Specified Perils				<input type="checkbox"/> MEDICAL PAYMENTS	\$ _____		
<input type="checkbox"/> Collision				<input type="checkbox"/> PERSONAL INJURY PROTECTION	\$ _____		
AGENCY INFORMATION							
AGENT: _____							
Agency Name & Address: _____							
City: _____		State: _____	Zip: _____	Phone: _____	Fax: _____		