

QUICK QUOTE QUESTIONNAIRE DATE _____

AGENCY _____ PHONE # _____

CONTACT PERSON _____ FAX # _____ email address _____

INSURED _____ EX -DATE _____

NAMES OF PRINCIPALS _____ Soc. Sec. # _____

ADDRESS _____

TYPE OF BUSINESS _____ YRS EXPER _____ YRS IN BUSINESS _____

PRIOR CARRIER _____ DOES AGENT KNOW PERSONALLY? _____

CURRENT RATE & DEDUCTIBLE _____ WC exp mod _____

WHAT OTHER COVERAGES DO YOU WRITE? _____

PRIOR LOSSES (LAST 5 YEARS) PROVIDE DETAILS _____

_____ Logging Risks- Contracted with _____

MAINTENANCE PROGRAM IN PLACE? _____ PROVIDE DETAILS _____

OVERALL FINANCIAL CONDITION/NET WORTH _____

AGENT'S RECOMMENDATION:

<i>UNIT #</i>	<i>YEAR</i>	<i>MAKE & MODEL</i>	<i>SERIAL NUMBER</i>

<i>UNIT #</i>	<i>LIMIT OF INSURANCE</i>	<i>DEDUCTIBLE</i>	<i>RATE</i>	<i>PREMIUM</i>

<i>UNIT #</i>	<i>LOSS PAYEE INFO</i>