

TEXAS GENERAL AGENCY, INC.

MOTOR TRUCK CARGO QUOTE

AGENCY NAME \_\_\_\_\_  
FROM \_\_\_\_\_  
PHONE # \_\_\_\_\_

PRODUCER # \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
FAX # \_\_\_\_\_

NAMED INSURED \_\_\_\_\_ DBA (IF ANY) \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
PREVIOUS CARRIER \_\_\_\_\_ Canceled or non-renewed (reason) \_\_\_\_\_  
LOSSES (IF ANY) \_\_\_\_\_

BUSINESS OF INSURED/CARGO HAULED \_\_\_\_\_

COUNTY \_\_\_\_\_  
GARAGING TERRITORY \_\_\_\_\_  
RADIUS \_\_\_\_\_  
DOES INSURED TRAVEL INTO NEW YORK CITY? \_\_\_\_\_  
WHAT PERCENT OF THE TIME \_\_\_\_\_  
STATES OPERATING IN \_\_\_\_\_  
FILINGS REQUIRED NOT AVAILABLE

ALL RISK \_\_\_\_\_  
NAMED PERIL \_\_\_\_\_

VEHICLE INFORMATION: (MORE THAN 5 UNITS - MUST BE SUBMITTED WITH LOSS RUNS)					
	YEAR	MAKE	MODEL	GVW	Actual Cash Value
1					
2					
3					
4					
5					

	DATE OF BIRTH	VIOLATION DESCRIPTION
1		
2		
3		
4		
5		

COMMENTS: