

RIG Insurance Services

PO Box 966, Colchester VT, 05446 Toll Free 855-474-4467 Fax: 802-861-4440

Named Insured: _____

Are you permanently leased - If yes to whom? _____ How Long? _____

Contact Person: _____ Phone: _____ E-Mail: _____

Years In Business? ____ MC #: _____ USDOT#: _____ FEIN or Owner SS#: _____

Garaging Address: _____

Mailing Address: _____

How do your trips break down into the following air mile categories? 0-200: ____% 201-500: ____% 500+: ____%

Cities/Towns hauled to most frequently: _____

What do you most commonly haul? _____

Do you haul Haz-Mat? ____ Allow passengers? ____ Haul oversize loads? ____ Haul refrigerated trailers? ____

What insurance company are you presently with? _____

Have you been involved in any claims the last three years? _____

Driver Schedule

Name	Date of Birth	License #	State	Years Exp	Violations	Accidents

Equipment Schedule

Year	Make	Type	VIN	GVW	Value

What Auto Liability coverage limit do you require? _____

What Comprehensive & Collision Deductible do you require? \$1000__ \$2500__ \$5000__ Other \$ _____

What Motor Truck Cargo Limit do you require? \$100,000__ \$200,000__ \$500,000__ Other \$ _____

Do you haul intermodal containers? ____ If "Yes", what Trailer Interchange limit do you need? \$ _____

Do you haul trailers belonging to others? ____ If "Yes", what Non-Owned Trailer limit do you need? \$ _____

Do you require General Liability coverage? ____ \$1,000,000/\$2,000,000__ Other: \$ _____

Do you want a quote for higher liability limits under an Umbrella policy? ____ What limit? \$ _____

Do want us to quote Workers Compensation or Occupational Accident coverage? ____

Is there anything else about your operation that we should know? _____

Signature: _____

Date: _____

This information will be used only by RIG Insurance Services. Any resulting quote is based upon and only as accurate as the information provided to us. All quotes contingent upon acceptable MVR, Loss History, and Safety Engineering.

