

TCIF TEXAS COMMERCIAL INSURANCE FACILITIES

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INLAND MARINE QUOTE - CARGO PROPOSED EFFECTIVE:

INSURED NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

NEW VENTURE: Y____ **N**____ **YEARS IN BUSINESS/EXPERIENCE:** _____

TYPE OF OPERATION: _____

PRIOR CARRIER(REQUIRED)_____ **CANC/NON-RENEWED:** _____

LOSSES (REQUIRED 3 YRS) _____

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NUMBER OF POWER UNITS _____ **RADIUS OF OPERATIONS** _____

LIST DESCRIPTION OF ALL POWER UNITS: _____

(IF MORE SPACE IS REQUIRED PLEASE ATTACH DESCRIPTION OF POWER UNITS ON A SEPARATE SHEET OF PAPER)

COMMODITIES HAULED: _____

LIMIT PER UNIT: _____

LIST NAME ,AGE AND DRIVING RECORD OF ALL DRIVERS: _____

THEFT PROTECTION – PLEASE DESCRIBE: _____

AGENT NAME & PHONE/FAX: _____

THIS IS AN INDICATION QUOTE ONLY! A COMPLETED APP MUST BE RECEIVED BEFORE A FIRM QUOTE WILL BE ISSUED. THIS QUOTE IS NOT BINDING! MISSING INFORMATION ON THIS SHEET WILL RESULT IN A DELAY IN RECEIVING YOUR QUOTE. WE CANNOT ASSIGN THIS REQUEST TO AN UNDERWRITER UNLESS ALL INFORMATION IS PROVIDED.