

## **Lester Insurance LLC**

## **Quick Quote Application**

Today's Date	Proposed Effective Date
Insured's Name	Business Address (No P.O. Boxes)
Insured's Phone Number	Insured's Fax Number
Insured's Fed ID #	Owner/Principal

X	Mark I	n Left Column to Designa	ite Covei	rage Desired	
Х	Liability	\$1,000,000	Deductible		\$1,000
					included
Х	UM/UIM	Statutory Included	PIP		Statutory
					Included
Х	Physical Damage			Deductible	\$1,000
Х	Cargo			Deductible	\$1,000
	Reefer Breakdown			Deductible	\$1,000
	General Liability	Limits:			
	Trailer Interchange				

Commodities	Percentage of Loads

Business operations	Detail
Number of years in business	
Radius of Operations	
MC Number	
DOT Number	

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	Equipment				
Unit #	Year	Make	Model	VIN	Stated
					Amount

Drivers				
Name	Date of Birth	DL Number	State	# Yrs Valid CDL

• MVR's Attached

Prior Carrier Information				
Company	Policy Term	Number of Claims	Total Incurred	Line of Business

## • Loss Runs Attached or Requested

Additional Insureds

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