



Quick Quote Application

TODAY'S DATE	PROPOSED EFFECTIVE DATE
INSURED'S NAME	BUSINESS ADDRESS
INSURED'S PHONE NUMBER	INSURED'S FAX NUMBER/EMAIL
INSURED'S SSN #	OWNER/PRINCIPAL

X	MARK IN LEFT COLUMN TO DESIGNATE COVERAGE DESIRED			
X	Liability	\$1,000,000	Deductible	\$1,000 included
X	UM/UIM	Statutory Included	PIP	Statutory Included
X	Physical Damage		Deductible	\$1,000
X	Cargo		Deductible	\$1,000
	Reefer Breakdown		Deductible	\$1,000
X	General Liability	Limits: \$1MM/\$2MM		
	Trailer Interchange			

COMMODITIES	PERCENTAGE OF LOADS

BUSINESS OPERATIONS	DETAIL
Number of years in business	

POLICY TERM	COMPANY	NUMBER OF CLAIMS	TOTAL INCURRED

- **Loss Runs Attached or Requested**

ADDITIONAL INSUREDS

Lester Insurance Group Inc, PO Box 968, 165 W. Main St., Wytheville, VA 24382
Office 276-663-1568; Fax 540-678-0111