

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

Х	MARK IN LEFT COLUMN TO DESIGNATE COVERAGE DESIRED					
X	Liability	\$1,000,000	Dedu	ctible	\$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	
X	General Liability	Limits: \$1MM/\$2MM	Limits: \$1MM/\$2MM			
	Trailer Interchange					

COMMODITIES	PERCENTAGE OF LOADS

BUSINESS OPERATIONS	DETAIL	
Number of years in business		

Radius of Operations	
MC Number	
DOT Number	
ELD Vendor	

Lester Insurance Inc, PO Box 968, 165 W. Main St., Wytheville, VA 24382 Office 276-663-1568; Fax 540-678-0111 Page 1 of 2

EQUIPMENT					
Unit #	Year	Make	Model	VIN	Stated Amount

	DRIVERS			
Name Date of Birth DL Number State # Yrs Valid				

• MVRs Attached

POLICY TERM	COMPANY	NUMBER OF CLAIMS	TOTAL INCURRED

• Loss Runs Attached or Requested

ADDITIONAL INSUREDS			

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