



Information Required to Rate Commercial Trucks

PRODUCER: _____ Allen Insurance Group, Inc. Phone: 478-825-5566 Ext. 130 Fax: 478-825-3291	DATE: _____
INSURED: _____	PHONE: (_____) _____
TERRITORY: (Garaged) _____	
RADIUS & OPERATED: _____	
DOB: _____	DRIVER LICENSE NO: _____
DRIVER AGES: _____	YRS EXP: _____
DRIVING RECORD: _____	
YEAR & MAKE: _____	
LIMITS / BI / PD: _____	PIP: _____
LIABILITY: _____	UM: _____
	MED: _____
STATED AMT: _____	COLLISION DEDUCTIBLE: _____
PRODUCTS HAULED: _____	
PREVIOUS CARRIER: _____	
LOSSES / AMOUNTS PAID: _____	
FILINGS NEEDED: (ICC/DOT) DOCKET# _____	
STATES: _____	
CARGO LIMIT: _____	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS
DEDUCTIBLE: _____	OWNER OR TRUCKERS FORM: _____
WORKERS COMP: <input type="checkbox"/> YES <input type="checkbox"/> NO	PAYROLL PAYROLL
	DRIVERS: _____
	CLERICAL: _____
ADDITIONAL COMMENTS: _____	

