

PRIORITYONE

INSURANCE AGENCY

1915 NW Amberglen Pkwy Suite 400
Beaverton, OR 97006



Phone: 866.844.0882
Fax: 971.327.4001

Insured Information

Name: _____ Desired effective date: _____
 Business name: _____ USDOT: _____
 Mailing Address: _____ DBA: _____
 City: _____ State: _____ Email: _____
 Garaging address: _____ Best phone contact: _____
 City: _____ State: _____ ZIP: _____
 States traveled in: _____ Individual Corporation LLC Partnership
 Radius of operations: _____ FEIN or SSN: _____
 How many years has insured owned commercial equipment: _____
 Type of cargo hauled: _____
 Do you pull: Reefer Doubles Triples Years of CDL experience: _____
 Filings needed: _____ FMCSA Docket # (if needed) _____

Has risk been cancelled or non-renewed in last 3 years: Yes: No:
 Trucking liability required: _____ Deductibles:
 Cargo limit required: _____ Collision: _____ Other than collision: _____

Driver Information

Driver Name	D.O.B.	Drivers License #	State	Years of Driving	Violations/Accidents Last 3 Years

Vehicle Information

Year	Make	Trailer Type	GVW	Stated Value	VIN #

INCLUDE YOUR LAST FOUR QUARTERS IFTA MILEAGE REPORTS AND THREE YEAR LOSS RUNS
 FAX BACK TO 971-327-4001 OR EMAIL AT QUOTES@PRIORITYONEINSURE.COM