



Hofer Insurance Agency

FARM • HOME • AUTO



(605) 351-6958



patrick@hoferinsurance.com



hoferinsurance.com



Office in Rural Manufacturing
820 US HWY 81 Freeman, SD

Quote Form - Commercial Trucking

Contact Information

Name:

Address:

Phone:

Email:

US DOT #:

Business Name:

Business Type:

Structure: Individual Partnership Corp or LLC

Drivers *please include all drivers in the company*

Name:

DOB: Driver's License:

Name:

DOB: Driver's License:

Name:

DOB: Driver's License:

Name:

DOB: Driver's License:

Truck/Trailer #1 Information

#2 Information

#3 Information

#4 Information

VIN:

Make:

Model:

Year:

Lienholder:

Farthest one-way distance this travels:

Value of permanently attached equipment:

Value if sold today: (without equipment)

Collision/Comp: Yes No

Previous Insurance Carrier

Previous Carrier:

Years with Carrier:

Prior Coverage Limits:

Previous Documents



If you have declaration pages available please include these for a more accurate quote comparison.



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Insurance Preferences

Bodily Injury Per Person: Coverage that pays when the insured is legally responsible (at fault) for bodily injury (including death) caused by the vehicle or operation of someone else's vehicle with permission.

None 25,000 50,000 100,000 250,000 1,000,000 1,500,000 2,000,000

Property Damage: Coverage that pays when the insured is legally responsible (at fault) for property damage caused by the vehicle or operation of someone else's vehicle with permission.

None 25,000 50,000 100,000 250,000

Uninsured Motorist Coverage: Provides coverage for injuries caused by an at fault driver that does not carry insurance.

100,000 250,000 300,000

Medical Payment: Covers injury to individuals riding in the vehicle regardless of who caused the accident.

None 1,000 2,000 5,000 10,000

Comprehensive Deductible: Covers losses to the insured vehicle for reasons other than collision (Fire, theft, vandalism, wind, hail, breakage of glass, or impact with an animal).

None 100 250 500 1000 2000 5000 Note: _____

Collision Deductible: Covers damage to the insured vehicle in the event it overturns or collides with another car or object, other than an animal.

None 100 250 500 1000 2000 5000 Note: _____

Truck/Trailer #5 Information

#6 Information

#7 Information

#8 Information

VIN:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lienholder:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Farthest one-way distance this travels:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Value of permanently attached equipment:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Value if sold today: (without equipment)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Collision/Comp:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No