

PELICAN GENERAL INSURANCE AGENCY

318-219-0035 318-219-1166 (fax)

P. O. BOX 52329, SHREVEPORT, LA 71135-2329

QUICK QUOTE

DATE: _____ AGENCY: _____ CONTACT: _____

PHONE: _____ FAX: _____ EFFECTIVE DATE: _____

LIABILITY LIMIT: _____ SYM _____ U.M.LIMIT: _____ SYM _____ MEDICAL _____ SYM _____

INSURED: _____ INDV: _____ CORP _____ PARTNER _____ SOLE P _____

MAILING ADDRESS: _____ PHONE#: _____

PHYSICAL ADDRESS: _____ CONTACT: _____

SOCIAL SECURITY #: _____ TAX ID#: _____

GARAGING LOCATION: _____ YRS IN BUSINESS _____ OR YRS EXPERIENCE _____

PRIOR CARRIER _____ RENEWING? _____ EXP. PREM: _____ TARGET PREM. _____

DESCRIPTION OF OPERATION: _____

STATE FILINGS: _____ ICC/FHWA REGULATED: _____ HAULS FOR ONE CONCE RN: _____

LOSS INFORMATION: _____

INDICATE WHETHER THE VALUE IS OCN OR STATED AMOUNT AND WHETHER COMP OR SP IS NEEDED.

<u>VEHICLE</u>	<u>RADIUS</u>	<u>SIZE</u>	<u>DED/SP/COMP</u>	<u>DED/COLL</u>	<u>OCN/STD AMT</u>
<u>* YEAR * MAKE * COMPLETE VIN#</u>					
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

<u>DRIVER</u>	<u>D.O.B.</u>	<u>ACC. OR TICKETS</u>	<u>DRIVER</u>	<u>D.O.B.</u>	<u>ACC. OR TICKETS</u>
1. _____			2. _____		
3. _____			4. _____		

SUBJECT TO: (1) REVIEW OF MVRS FURNISHED BY AGENT (2) THREE YEARS LOSS RUNS (3) LOSS CONTROL INSPECTION (4)FED ID# OR SS#, WHICHEVER APPLICABLE

REQUEST TO BIND: _____ FAX TO PELICAN GENERAL – 318-219-1166