

**Bergkamp Insurance Center, Inc.  
Fast Quote Insurance Form**

Print and fax this form to 620-662-8966

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, ZipCode: \_\_\_\_\_  
Email: \_\_\_\_\_

Present insurance company: \_\_\_\_\_  
Date present insurance expires: \_\_\_\_\_

If you are filed with the Federal highway department, please give your MC#: \_\_\_\_\_

Owner/Operator? \_\_\_\_ Yes ; \_\_\_\_ No      Years as Owner/Operator? \_\_\_\_\_  
Fleet Owner? \_\_\_\_ Yes ; \_\_\_\_ No      Radius? \_\_\_\_\_  
Hired Drivers? \_\_\_\_ Yes ; \_\_\_\_ No

Do you haul hazardous material? \_\_\_\_ Yes ; \_\_\_\_ No

<b>Big cities travelled:</b>	<b>Commodities hauled:</b>

Tractor Year:\_\_\_\_\_ Make:\_\_\_\_\_ Value:\_\_\_\_\_      Trailor Year:\_\_\_\_\_ Make:\_\_\_\_\_ Value:\_\_\_\_\_

Tractor Year:\_\_\_\_\_ Make:\_\_\_\_\_ Value:\_\_\_\_\_      Trailor Year:\_\_\_\_\_ Make:\_\_\_\_\_ Value:\_\_\_\_\_

Tractor Year:\_\_\_\_\_ Make:\_\_\_\_\_ Value:\_\_\_\_\_      Trailor Year:\_\_\_\_\_ Make:\_\_\_\_\_ Value:\_\_\_\_\_

Tractor Year:\_\_\_\_\_ Make:\_\_\_\_\_ Value:\_\_\_\_\_      Trailor Year:\_\_\_\_\_ Make:\_\_\_\_\_ Value:\_\_\_\_\_

**Please send me information on:** \_\_\_\_ Collision, Fire, Theft, CAD  
\_\_\_\_ Non-Trucking Liability  
\_\_\_\_ Full Liability  
\_\_\_\_ Cargo

<b>Comments:</b>