



DIXON INSURANCE, INC & INTERSTATE TRUCK LICENSING

"To enhance the lives and business success of our clients, team-members, and business partners"

Quick Quote Form

Company Information

Your Name: _____
 Company Name: _____
 DBA: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____
 MC/DOT: _____
 FEIN or SSN: _____
 Previous Insurance Carrier: _____

Referred to us by:

Name: _____

 Company: _____

Equipment List - Tractor and Trailer

Year	Make	Vin Number	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver List

Name	DOB	License #	State	(Years Of Experience) YOY	Date of Hire
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Cargo Commodity	Value \$	% Hauled	Cargo Commodity	Value \$	% Hauled
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Radius of Operations - Miles

_____ % 0 - 75 _____ % 75 - 150 _____ % 150 - 300 _____ % 300 - 500 _____ % Over 500

Please have this information ready when you call for a quote, or fill out this form and forward it to us.

Fax to: 701-281-0172
 Email to: client@dixoninsurance.com
 Mail to: Dixon Insurance
 3101 39 St S, Suite A
 Fargo ND, 58104

Important: This form is for collecting preliminary information only.
 Submitting this form does not imply coverage nor is this a binding agreement.
 Coverage is not bound until you receive verification in writing
 from one of our licensed agency team members.



Dixon Insurance &
 Interstate Truck Licensing
 www.dixoninsurance.com

3101 39 St S Suite A
 Fargo, ND 58104

Dixon Insurance
 800-258-5369
 Ph 701-281-8200
 Fx 701-281-0172

Interstate Truck Licensing
 800-726-7930
 Ph 701-281-1595
 Fx 701-281-0172