



* FAX COVER SHEET

Your Company

Name: _____
 Address: _____
 City, St, Zip: _____
 Phone# _____
 Fax# _____

Date: _____
 Company Name: Arms Insurance Agency
 Fax Number: (616) 954-9855
 To: Doug Koster
 From: (Contact) _____
 Total pages: (including cover page) _____

<input type="checkbox"/>	Urgent
<input type="checkbox"/>	Reply ASAP
<input type="checkbox"/>	Please Comment
<input type="checkbox"/>	Please Review
<input type="checkbox"/>	For your information

Thank you for giving us the opportunity to quote your business insurance. Our Agency has access to more than 19 Insurance Companies. We will need the following information to proceed with the quote.

**** **Please print this form and fax it with your paperwork** ****

1. Renewal Date: _____
 MC #: _____, DOT # _____ Tax Id #: _____
2. Vehicle Information:
 Year, Make, Model, Complete serial number, Value for each vehicle (if needing physical damage).
3. Drivers Information:
 Full name, Date of birth, Drivers license number, State licensed,
 Date of Hire, Years with CDL
4. Last four quarterly IFTA's.
5. Commodities hauled and the percentage for each.
6. Insurance Company(s) loss runs from the last 3 prior years.

*** Please fax over to our Agency the complete information needed above and our business agent will contact you with quote pricing. *** No coverage is bound without acknowledgement and down payment needed ***

* This is a confidential communication and is not to be delivered to or read by any person other than the addressee. Facsimile transmission is not intended to waive the confidential privilege or any other privilege.

If you do not receive all pages, please call this number (616) 954-9896. Thank you.