



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, PO Box 10307, Fargo ND, 58106

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

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Fargo, ND 58104
PO Box 10307
Fargo ND 58106

Dixon Insurance
800-258-5369
Ph 701-281-8200
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Interstate Truck Licensing
800-726-7930
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