



**Texas Commercial Insurance Facilities**

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**QUICK QUOTE FORM - INLAND MARINE - CARGO**

**AGENCY NAME & CONTACT INFORMATION:** (required for processing)

**INSURED NAME:**

**MAILING ADDRESS**

**PHYSICAL ADDRESS**

**NEW VENTURE?:**    Y        N                    **YEARS IN BUSINESS/EXPERIENCE:**

**TYPE OF OPERATION:**

**PRIOR CARRIER:** (required)

**CANC/NON-RENEWED:**

**LOSSES:** (3 years required)

**NUMBER OF POWER UNITS:**

**RADIUS OF OPERATIONS:**

**DESCRIPTION OF POWER UNIT:**

**COMMODITY HAULED:**

**LIMIT PER UNIT:**

(If more space is required, please attach description of power units on a separate sheet)

**DRIVER INFORMATION**

**NAME:**

**AGE:**

**DRIVING RECORD:**

(If more space is required, please attach complete list of drivers on a separate sheet)

**COMMENTS:**

**This is an indication only! A completed application must be received before a firm quote will be issued. This quote is not binding. Missing information on this sheet will result in a delay in receiving your indication. We cannot assign this request to an underwriter unless all information is provided.**