



**Texas Commercial Insurance Facilities**

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[www.tcif.org](http://www.tcif.org)

**QUICK QUOTE FORM - INLAND MARINE - EQUIPMENT**

**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):**

**Equipment Schedule:**

**Make**

**Model**

**Description**

**Actual Cash Value**

(If more space is required, please attach scheduled equipment on a separate sheet of paper)

**Theft Protection - Please Describe:**

**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.**