# Truck Quick Quote

**ATTENTION**

Clearwater Insurance
Phone: +13187444178
2650 OLD MINDEN RD
Bossier City, LA, 71112

## Insured Information

Company Name: Safe Keeping on Wheels LLC
Business Entity Type:
FEIN #:
Garaging Address: 8251 Lakeshore Cir
City: indianapolis
State: IN
ZIP: 46250
Owner's name: Chelsie Twyman
Phone Number: 3172051322
Email Address: safekeepinghomecare317@gmail.com
Years of primary liability coverage: 0.0
Business Start Date: 05/18/2023
Desired Effective Date: 05/18/2023

DOT #: NONE
Operation description:
Range of operation: ○ Interstate ○ Intrastate
Radius of operation:
Federal or State Filings Required?: ○ Yes ○ No
Will policy cover all vehicles owned, operated, or under lease to applicant?: ○ Yes ○ No
Is passanger transportation your primary business?: ○ Yes ○ No
Major cities:
Has risk been cancelled or non-renewed in last 3 years?: ○ Yes ○ No
Is risk covered by workers compensation?: ○ Yes ○ No
Do you have a scheduled route?: ○ Yes ○ No
Are you transporting physically disabled persons?: ○ Yes ○ No
Do you charge a fee for transporting passangers?: ○ Yes ○ No
Is the vehicle handicap equipped?: ○ Yes ○ No
Notes - Description of Operations:

## Driver Information

| | | | | | | Last 3 Years # of | |
|---|---|---|---|---|---|---|---|
| **Name** | **Dob** | **License number** | **State** | **Date hired** | **Year CDL issued** | **Mov. Violations** | **Accidents** |
| Chelsie Twyman | 07/22/1991 | 1930082340 | IN | 05/18/2023 | 0 | 0 | 0 |

## Vehicle Information

| Year | Make | Stated value | Vin | Radius | Seating capacity |
|---|---|---|---|---|---|
| 2014 | JEEP COMPASS | 10000.0 | 1C4NJDBB6ED771779 | 100.0 | 4 |

## Loss Information

(Previous career & loss information - must show current year and previous 2 years. If previously leased to another company, list that company.)

| Policy start date | Policy end date | Company name | Policy numbers | Premium amount | Number of claims | Total paid and reserved |
|---|---|---|---|---|---|---|
| | | | | | | |

## Coverage and Limits

### Liability

| | | | | |
|---|---|---|---|---|
| **Auto Liability** | ☑ | **Limit** | 300,000 | **Deductible** |
| **UM/UIM** | ☐ | **Limit** | | **Deductible** |
| **Medical Payments** | ☐ | **Limit** | | **Deductible** |
| **General Liability** | ☐ | **Limit** | | **Deductible** |

### Physical Damage

### Cargo