

**HUBBARD  
INSURANCE  
BROKERS**

**Transportation Quotation Request (1-4 Power)**  
*RETURN BY MAIL - FAX - EMAIL*

Company or individuals Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ D/B/A \_\_\_\_\_  
\_\_\_\_\_ Ph/Fax #'s \_\_\_\_\_ / \_\_\_\_\_

**Vehicle info**

1) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value New \_\_\_\_\_  
2) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value New \_\_\_\_\_  
3) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value New \_\_\_\_\_  
4) Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Value New \_\_\_\_\_

Radius of Operation \_\_\_\_\_ km % km's U.S.A (which States) \_\_\_\_\_

Ontario \_\_\_\_\_ Quebec \_\_\_\_\_ ther: \_\_\_\_\_

Description of Goods Hauled	% of total	Who for

**Drivers:-**

Name	Years Exp.	Lic. Class	Claims	Convictions	Age

Current Insurance Co. \_\_\_\_\_ Pol# \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

RETURN BY E-MAIL OR BY FAX TO 905-712-4668