

Millenium Insurance Services, Inc.

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WE WELCOME THE OPPORTUNITY TO ASSIST WITH YOUR TRANSPORTATION INSURANCE. IN ORDER TO OBTAIN PROPOSALS, WE MUST SUBMIT ALL OF THE FOLLOWING INFORMATION TO THE CARRIERS WE FEEL WOULD GIVE US THE BEST QUOTE FOR THE COVERAGES YOU DESIRE. FAILURE TO PROVIDE ALL OF THE INFORMATION WILL PROHIBIT US FROM BEING ABLE TO OBTAIN A COMPETITIVE QUOTE. PLEASE CALL IF YOU HAVE ANY QUESTIONS.

1. Limit of Liability: \$750,000 or \$1,000,000 (Circle One)
Personal Injury Protection Y / N
Uninsured Motorist Y / N
Do you haul containers for the shipping lines or railway? Y / N

2. Cargo Limit: \$ _____
Do you need Reefer Breakdown? Y / N

3. FEIN # or SSN #: _____

4. Equipment List: Year, Make, Model and VIN # (Value if Requesting Physical Damage)

Use Separate Sheet if Needed

5. Trailers: Type, Year, Make and Model

Use Separate Sheet if Needed

6. Drivers' List: Name, Date of Birth, License #, Date of Hire and Years' Experience
(Provide an MVR for each driver.)

Use Separate Sheet if Needed

7. Provide your Loss Run Reports for a minimum of the past 3 years. If you have 10 or more units, provide 5 years of currently valued loss runs.

8. Provide the last 4 quarters of your IFTA Report.

9. Names of the cities most traveled:

10. Commodities you haul: _____

11. If your company has 10 or more units, provide prior year, year-end Income Statement and Balance Sheet and current year-to-date Income Statement and Balance Sheet.

12. Please complete the following chart if your fleet size is 10 units or greater:

| Year | Revenue | Mileage | Units | Fleet Value |
|-------------------------|---------|----------|-------|-------------|
| 2006 – 2007 | \$ | | | |
| 2005 – 2006 | \$ | | | |
| 2004 – 2005 | \$ | | | |
| 2003 – 2004 | \$ | | | |
| Estimated 2008 Revenue: | | Mileage: | | |