

# Quote Your Short Term Truck Insurance Online Now

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**Applicants Full Name \***

First Name

Last Name

**Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

United States



Country

**Phone Number \***

 - 

Area Code Phone Number

**Fax Number**

 - 

Area Code Fax Number

**E-mail**

## Coverage Information

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**Liability Coverage Needed?**

Yes

No

**Liability Coverage Amount**

**Physical Damage Coverage Needed?**

Yes

No

**Physical Damage  
Deductible**

## Vehicle Information

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**Do you have your  
vehicle  
identification  
number ? (VIN)**

- Yes  
 No

**If so please enter it  
here**

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**If no VIN please enter vehicle information below**

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**Year of Truck**

**Make of Truck**

**Current Value of  
Truck**

If you sold this vehicle today, how much would it be worth?

## Driver Information

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**Driver Name**

 

First Name

Last Name

**Birth Date**

  

Month

Day

Year

**Does this Driver  
have a Commercial  
Driver's License?  
(CDL)**

- Yes  
 No

**What Year was the  
Commercial Driver's  
License (CDL)  
originally issued?**

**State of Commercial  
Driver's License  
(CDL)**

**I authorized Great American Insurance/Classic Insurance Agency to obtain a copy of my Motor Vehicle Record rating/underwriting the insurance for which I have applied. I agree that the foregoing statements and answers are true and a full exposition of the facts and circumstances with regard to the risk of the Insured, and these were used as a basis and condition of the insurance. By checking the box to the left, I affirm knowledge of and adherence to current DOT Safety regulations, and hereby apply for insurance with respect to the coverages states on this application. I am aware that there is no coverage while engaging in commerce with this policy.**

Yes I authorize

No I do not authorize

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**All information is considered strictly confidential and is never sold or distributed.**

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**Submit Online**

**Clear Form**

 **Print Form**