

HAVING DIFFICULTY PLACING YOUR INSURANCE COVERAGE? UNABLE TO OBTAIN THE COVERAGE YOU NEED? IF SO, AVALON CAN HELP!

McCormick Klessig & Associates specializes in providing insurance coverage for transportation companies. We are an independent insurance agency selling all forms of insurance. Our accounts number about 5000 divided between personal and commercial accounts. McCormick Klessig & Associates offers the following coverages for your trucking operations:



PHYSICAL DAMAGE– Provides coverage for physical damage and theft to scheduled vehicles.

PRIMARY TRUCK LIABILITY– Liability coverage for commercial vehicles that haul goods for others, including coverage for death, bodily injury and medical expenses.

NON-TRUCKING LIABILITY– Liability coverage for independent truckers who lease trucks and operate under a motor carrier's dispatch.

MOTOR TRUCK CARGO (MTC)– Coverage for physical loss or damage to property of others while in transit, including legal costs.

GENERAL LIABILITY– General liability as part of a commercial property package. More truckers are required to provide evidence of this important coverage.

WORKERS' COMPENSATION– Coverage for trucking, warehousing and clerical payrolls.

UMBRELLA– Umbrella coverage to extend policy limits over primary trucking, general liability, and employer's liability coverage.

McCormick Klessig also offers: E&O Insurance, Marine & Contingent Cargo, Commercial Property, Business Interruption, and more.

For a quotation, please contact us at 800.236.4302 or send an email to cwilcox@mccormickklessig.com.

To assist with a quick quotation, please complete the following questions.

COMPANY: _____ CONTACT: _____
PHONE: _____ FAX: _____ EMAIL: _____

1 NUMBER OF TRUCKS: _____ NUMBER OF TRAILERS: _____ WAREHOUSES/DEPOTS: _____
(owned/leased) (owned/leased) (owned/leased locations only)

2 CARRIER TYPE: SHORT HAUL (under 100 miles) INTERMEDIATE HAUL (100+) LONG HAUL (200+)
 CONTRACT CARRIER COMMON CARRIER INTERMODAL
 FREIGHT BROKER OTHER _____

3 RADIUS: In which states do you operate? _____

4 COMMODITIES HAULED: _____

5 CURRENT COVERAGE: _____ CARRIER: _____ EXPIRATION DATE: _____