

# Commercial Auto Quick Quote Form

NAMED INSURED: \_\_\_\_\_ Ph#: \_\_\_\_\_

GARAGING ADDRESS: \_\_\_\_\_

NO. OF YEARS IN BUSINESS (With own insurance): \_\_\_\_\_ FEIN #: \_\_\_\_\_

COMMODITIES HAULED (Be Specific \_\_\_\_\_): \_\_\_\_\_

FILINGS REQUIRED:  NONE  ICC \_\_\_\_\_  DMV \_\_\_\_\_  OTHER \_\_\_\_\_

RADIUS:  INTRASTATE (CA only)  0-100 MILES  101-200 MILES  201-300 MILES  301-500 MILES

INTERSTATE - EXACTLY WHERE? \_\_\_\_\_

DRIVER(S):

NAME	YRS EXP	ACCIDENTS	NAME	YRS EXP	ACCIDENTS

\*Specify the number of year's commercial driving experience each driver has. If there are any drivers with a "not at fault" accident, please provide a copy of the policy report with your submission.

EQUIPMENT:

YEAR	MAKE	BODY TYPE	GVW	STATED VALUE	DEDUCTIBLE

\*If there are 5 or more power units, please provide a completed ACORD or completed company application instead of this form for quoting.

TRAILER(S):

YEAR	MAKE	BODY TYPE	GVW	STATED VALUE	DEDUCTIBLE

\*Please specify if applicant is pulling non-owned trailers and if applicant is pulling doubles.

COVERAGES:

AUTO LIABILITY:  \$100K CSL  \$300K CSL  \$500K CSL  \$750K CSL  \$1M CSL  OTHER \_\_\_\_\_

AUTO LIABILITY DEDUCTIBLE:  \$500

UNINSURED MOTORIST BI:  \$15,000/\$30,000  \$25,000/\$50,000  \$30,000/\$60,000

CARGO  \$25,000  \$50,000 DEDUCTIBLE \_\_\_\_\_

OTHER COVERAGE \_\_\_\_\_

DEDUCTIBLE \_\_\_\_\_

PRIOR INSURANCE HISTORY FOR THE PAST 3 YEARS:

POLICY PERIOD (MM/YY)	COMPANY NAME	LIABILITY LOSSES		LOSSES	
		NUMBER	AMOUNT	NUMBER	AMOUNT
to					
to					
to					

\*If any prior losses, please provide a copy of currently valued loss runs.

AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGENT: \_\_\_\_\_ FAX: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_