

# COMMERCIAL AUTO QUOTE

REFERRED BY \_\_\_\_\_ TAKEN BY \_\_\_\_\_ DATE \_\_\_\_\_

INDIVIDUAL NAME \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

SOLE PROPRIETOR \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_

DESCRIBE BIZ OPERATIONS \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_

INSURED NOW Y / N WITH? \_\_\_\_\_ YRS CONTINUOUS COVERAGE? \_\_\_\_\_

YRS IN BUSINESS? \_\_\_\_\_ YRS INDUSTRY EXP? \_\_\_\_\_ INVOLVED IN DAILY OPS Y / N

USAGE - SERVICE \_\_\_\_\_ RETAIL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

(SERVICE - PLUMBER / ELECTRICIAN RETAIL - PICKUP / DELIVERIES TO HOMES) COMMERCIAL - ALL OTHERS)

DRIVING RADIUS (MILES) 0-50 / 51-200 / 200+ \_\_\_\_\_

FILINGS Y / N - HIRED AUTO Y / N - NON OWNED Y / N (# EMPLOYEES \_\_\_\_\_)

DRIVERS	DOB	AGE LIC	M/F	S/M	RELATIONSHIP TO INS?	OFFICER?
1)						
2)						
3)						
4)						

MOVING VIOLATIONS? ACCIDENTS? FAULT? BI? DUI? SUSP? FILINGS?

DRIVER 1	
DRIVER 2	
DRIVER 3	
DRIVER 4	

YEAR	MAKE / MODEL	ALARM	VIN #	GARAGE ZIP	VALUE \$
1)					
2)					
3)					
4)					

SPECIAL EQUIPMENT ON VEHICLES Y / N \_\_\_\_\_

## COVERAGES

LIABILITY BI \_\_\_\_\_ / \_\_\_\_\_ PD \_\_\_\_\_

UNINSURED MOTORIST \_\_\_\_\_ / \_\_\_\_\_

MEDICAL COVERAGE \_\_\_\_\_

DED: COMP \$ \_\_\_\_\_ COLL \$ \_\_\_\_\_

TOWING: Y / N RENTAL CAR: Y / N

## COMMENTS

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