

SOHO INSURANCE BROKERAGE, INC. COMMERCIAL AUTO QUICK QUOTE REQUEST

License No. 0G63197 / 4101 Dublin Blvd., Suite F444, Dublin, CA 94568 Phone: (925) 272-2500 / Fax: (925) 272-2505

AGENCY			PHONE			
AGENT			FAX			
AGENCY EMAIL						
INSURED			DBA			
GARAGING CITY				ST	ZIP	
NATURE OF BUSIN						
COMMODITIES HA	ULED					
YRS IN BUSINESS	LOSSES	3 YRS LIA \$	PD \$Attach Loss Report(s			
RADIUS OF OPERA	ATION		•			
TEHICLE YEAR MAKE MODEL		GVW	VIN	VALUE \$	¢	DED
2.						
3						
ł.						
If there are 5 or more	e power units, please provide					
CRAILER YEAR MAKE MODEL		GVW VIN		VALUE \$ \$		DED
2				_		<u> </u>
3.				\$		
1.						
*Please specify if app	olicant is pulling non - owned				,	
NAME	YRS EXP	ACCIDENTS	NAME		YRS EXP	ACCIDENTS
	r of year's commercial driving policy report with your sub-		iver has. If there are any d	rivers with a "not a	t fault" acciden	t, please
COVERAGES: AUTO LIABILITY	':□ \$750K CSL □ \$1	M CSL OTH	ER			
AUTO LIABILITY			,500			
UNINSURED MO	TORIST BI: \$15,000	/\$30,000	\$25,000/\$50,000	\$30,000	/\$60,000	
CARGO \$100,	,000 \$250,000	DEDUCTA	ABLE:	OTHER:_		
FILINGS REQUI	IRED: ST	ATE FILINGS:				
_		EXAS:				
MC:	CA	ALIFORNIA:	OTHER	· ·		
COMMENTS:						
COMMENTO.						