



## COMMERCIAL AUTO QUICK QUOTE SHEET

TODAY'S DATE \_\_\_\_\_ TIME \_\_\_\_\_ COVERAGE DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ AGENCY \_\_\_\_\_ CAB \_\_\_\_\_

TELE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

INSURED \_\_\_\_\_ DBA \_\_\_\_\_

GARAGING CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

COMMODITIES HAULED \_\_\_\_\_

YRS IN BUSINESS \_\_\_\_\_ LOSSES 3 YRS \_\_\_\_\_ LIA \$ \_\_\_\_\_ PD \$ \_\_\_\_\_ CG \$ \_\_\_\_\_

Attach Loss Report(s) for all Accident(s)

RADIUS OF OPERATION \_\_\_\_\_ TRAILERS:

VEHICLE YEAR	MAKE MODEL	GVW	VALUE	DED
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

TRAILER YEAR	MAKE MODEL	GVW	VALUE	DED
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____

OWNER DRIVEN: Attach MVR's for all driver(s) and owner(s) no more than 30 days old.

NAME OF DRIVERS

1. \_\_\_\_\_ 2. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

FILING: TYPE \_\_\_\_\_ # \_\_\_\_\_

Provide all filing number(s)

LIABILITY \$ \_\_\_\_\_

UM

PIP

PIP only available where mandatory

CARGO \$ \_\_\_\_\_ DED \$ \_\_\_\_\_

REEFER BREAKDOWN:

DED: \$

COMMENTS

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

Send the completed app. with required documents via email to [mgains@paramounttx.com](mailto:mgains@paramounttx.com), Attn: Salena  
or fax to 866-514-2300