

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

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*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: _____

