## Commercial Auto Quick Quote Form

NO. OF YEAR COMMODIT  FILINGS REC RADIUS:  DRIVER(S): NAME	RS IN BUSINESS  IES HAULED (Be  UIRED: NO  INTRASTATE (  INTERSTATE -	(With own expecific of the second of the sec	ing experience each	):	MILES 201	OTHER	301-500 MIL	
FILINGS REC RADIUS:  DRIVER(S): NAME  *Specify the nuitorovide a copy of EQUIPMENT	UIRED: NO UIRED: NO INTRASTATE (  INTERSTATE -	PSPECIFIC ONE	O-100 MILES WHERE? ACCIDENTS ing experience each	):	MILES 201	OTHER -300 MILES [	301-500 MIL	
FILINGS REC RADIUS:  DRIVER(S): NAME  *Specify the nuitorovide a copy of EQUIPMENT	UIRED: NO UIRED: NO INTRASTATE (  INTERSTATE -	PSPECIFIC ONE	O-100 MILES WHERE? ACCIDENTS ing experience each	):	MILES 201	OTHER -300 MILES [	301-500 MIL	
RADIUS:  DRIVER(S):  NAME  *Specify the nuiprovide a copy of EQUIPMENT	INTRASTATE (  INTERSTATE -  Inber of year's comf the policy report	CA only) [ EXACTLY V  YRS EXP	0-100 MILES WHERE?  ACCIDENTS  ing experience each	NAME	MILES 201	-300 MILES [	301-500 MIL	
PRADIUS:  DRIVER(S):  NAME  *Specify the numerovide a copy of EQUIPMENT	INTRASTATE (  INTERSTATE -  Inber of year's comf the policy report	CA only) [ EXACTLY V  YRS EXP	0-100 MILES WHERE?  ACCIDENTS  ing experience each	NAME	MILES 201	-300 MILES [	301-500 MIL	
DRIVER(S): NAME  *Specify the nuprovide a copy of EQUIPMENT	nber of year's comf the policy report	YRS EXP	ACCIDENTS  ACCIDENTS  ing experience each	NAME				
NAME  *Specify the nur provide a copy of	nber of year's com f the policy report	YRS EXP	ACCIDENTS  ACCIDENTS  ing experience each	NAME				
*Specify the nui provide a copy of EQUIPMENT	f the policy report	mercial driv	ing experience each		ire are any driver	YRS E	XP ACCIDENT	
provide a copy of EQUIPMEN	f the policy report			driver has. If the	ire are any driver			
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provide a copy of EQUIPMEN	f the policy report			arrect mast in the		s with a "not at f	ault" accident inlea	
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YEAR	MAKE		DODY TVDE	6) () 4/	CTATE	D VALUE	DEDUCTIONS	
12/11	MAKE		BODY TYPE	GVW	SIAIE	D VALUE	DEDUCTIBLE	
*If there are 5 o	r more power unit	s, please pro	vide a completed A	CORD or complet	ed company app	lication instead of	of this form for quo	
TRAIŒR(S):								
YEAR	MAKE		BODY TYPE	GVW	STATED VALUE		DEDUCTIBLE	
*Please specify	f applicant is pullir	ng non-owne	ed trailers and if appl	 icant is pulling de	oubles.			
COVERAGES		J		, 0				
		iL 🗌 \$300	OK CSL S500K	CSL 🗌 \$750K	CSL   \$1M (	SL OTHER	R	
AUTO LIABILI	TY DEDUCTIBLE:	\$500						
UNINSURED I	иотоrist bi: 🗌	\$15,000/	\$30,000	25,000/\$50,00	0	000/\$60,000		
CARGO [ \$2	5,000	\$50,00	00 DEDI	JCTIBLE				
OTHER COVE	RAGE							
					DEDUCTII	BLE		
	ANCE HISTORY F	OR THE PAS	ST 3 YEARS:			1	1.06656	
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to								
*If any prior loss	es please provide	a conv of cu	irrently valued loss r	linc				
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