

# Insurance Quick Quote Form

Fax to 817-581-1921

Name of Business \_\_\_\_\_

Lot Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Current Carrier \_\_\_\_\_

Expiration Date \_\_\_\_\_

## EMPLOYEE INFORMATION

# OF F/T

# OF P/T

Owners \_\_\_\_\_ How many have furnished autos? \_\_\_\_\_

Sales \_\_\_\_\_ How many have furnished autos? \_\_\_\_\_

Mechanics \_\_\_\_\_ How many have furnished autos? \_\_\_\_\_

Clerical \_\_\_\_\_ How many have furnished autos? \_\_\_\_\_

Porters \_\_\_\_\_ How many have furnished autos? \_\_\_\_\_

Non-Employees \_\_\_\_\_ How many have furnished autos? \_\_\_\_\_

## DESIRED COVERAGES

Liability     100,000     300,000     500,000     1,000,000

Dealers Open Lot \_\_\_\_\_

Max Value of Any Unit \_\_\_\_\_

Average # of Cars \_\_\_\_\_

Average Value Per Unit \_\_\_\_\_

Comments/Additional Coverage Requested \_\_\_\_\_

***We offer many more types of coverage and will contact you with a quote.***