

Commercial Auto Quick Quote Form

NAMED INSURED: _____ Ph _____
 #: _____
 GARAGING ADDRESS: _____
 NO. OF YEARS IN BUSINESS (With own insurance): _____ FEIN #: _____
 COMMODITIES HAULED (Be Specific about percent of time): _____

FILINGS REQUIRED: NONE ICC _____ DMV _____ OTHER _____
 RADIUS: INTRASTATE 0-100 MILES 101-200 MILES 201-300 MILES 301-500 MILES 500+
 INTERSTATE - EXACTLY WHERE? _____

DRIVER(S):

NAME	YRS EXP	ACCIDENTS	NAME	YRS EXP	ACCIDENTS

*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 OTHER _____
 UNINSURED MOTORIST BI: \$15,000/\$30,000 \$25,000/\$50,000 \$30,000/\$60,000
 CARGO \$25,000 \$50,000 DEDUCTIBLE _____ OTHER _____
 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					