

Commercial Auto Insurance Quote Request

Agent Information

Agent Name:
Agent Phone: () - - -
Agent Email:

Insured's Information

Name*:	DBA:	DOB:	SSN: - - - - -	FEIN: - - - - -
Address:	City:	State:	Zip:	Phone Number: () - - -
*Financial responsibility will be ordered on all risks. For a corporation or partner ship, use the name of the President, CEO or partner responsible for the daily operations of the business.			Do we have client's permission to obtain credit? <input type="checkbox"/> Yes <input type="checkbox"/> No Agent's Initials: _____	

Business Information

Prior Coverage Information (Commercial or Personal)

Organization Type:		Carrier Name:	BI Limits:
Business Description:		Inception:	Expiration: 12 months w/out lapse?
Year Business Established:	# of Years Mgmt. Experience:	Additional Insureds and Waivers of Subrogation	
Does Insured own business? <input type="checkbox"/>	Does Insured have GLBOP? <input type="checkbox"/>	# of Additional Insureds:	# of Waivers of Subrogation:

Vehicle Information	Vehicle #1	Vehicle #2	Vehicle #3
VIN			
Year/Make/Model	/ /	/ /	/ /
Vehicle/Body Type			
Gross Vehicle Weight			
Trailer Hitch			
Garaging Zip code			
Current Market Value	\$	\$	\$
Personal Use of Vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Goods Hauled			
Radius of Operations			
# of job sites or errands per day			

Driver Information

Driver #1

Driver #2

Driver #3

*To ensure accuracy, it is the responsibility of the agencies to obtain a current MVR on all drivers, as Ill does not order MVR's.

Name	DOB: <input type="checkbox"/> M <input type="checkbox"/> S	DOB: <input type="checkbox"/> M <input type="checkbox"/> S	DOB: <input type="checkbox"/> M <input type="checkbox"/> S
Date of Birth and Marital Status			
Driver's License State and No.	State: #:	State: #:	State: #:
CDL and Year CDL Issued	<input type="checkbox"/> Y <input type="checkbox"/> N Issued:	<input type="checkbox"/> Y <input type="checkbox"/> N Issued:	<input type="checkbox"/> Y <input type="checkbox"/> N Issued:
Accidents* (list dates)			
Violations* (list dates)			
Filings Required? (list type)			
SR-22 Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Coverage Information

Vehicle #1

Vehicle #2

Vehicle #3

	Vehicle #1	Vehicle #2	Vehicle #3
BI / PD (Primary Liability)			
Non-Trucking / Bobtail Liability			
UM / UIM / UMPD			
PIP			
Medical Payments			
Comprehensive or F&T w/CAC			
Collision			
Rental Reimbursement			
Towing/Roadside Assistance			
Motor Truck Cargo			
On-Hook (towing risks only)			
Hired Auto (include annual cost)			
Non-Owned (include # of employees)			