

COMMERCIAL AUTO QUICK QUOTE FORM

Date:	<input type="text"/>	Producer	<input type="text"/>	Producer Code #	<input type="text"/>
Fax #:	<input type="text"/>	Tel #:	<input type="text"/>		

Applicants Name:	<input type="text"/>	DBA:	<input type="text"/>
Business Address:	<input type="text"/>		

How are vehicles used in business?

Commodities hauled mainly consist of

Garaging Zip Code:	<input type="text"/>	Radius	<input type="text"/>	Years In Business	<input type="text"/>
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Filings: CA# MC# PUC# Other

How many years prior insurance under the business name listed above? _____

PRIOR INSURANCE INFORMATION					
	Effective Dates	Company Name	# of Losses	Paid Out	Annual Premium
Current Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year Prior	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year Prior	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COVERAGE'S			
Liability Limits	<input type="text"/>	Medical Payments	<input type="text"/>
		Uninsured Motorist	<input type="text"/>

VEHICLE SCHEDULE				
Year	Make	Model & Body Type	GVW	Phys Dam Stated Value
				\$
				\$
				\$
				\$
				\$
				\$
				\$

**Vehicles will be quoted with \$1,000 deductibles unless otherwise specified.

DRIVER SCHEDULE				
Name	DOB	CA DL#	Yrs Exper.	# Moving Viol / # Accidents

PLEASE FAX BACK TO COMMERCIAL DEPARTMENT FOR QUOTE - 1866-491-7853