PUBLIC AUTO - QUOTE REQUEST

Commercial Department Contact #'s

TEL/FAX # 1866-491-7853

Producer Name _____ **Code#** _____ **Date:** _____

Telephone# _____ **Fax#** _____ **Email Address:** _____

Applicant Name: _____ **Business Name:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Garaging Zip Code **(if different than above):** _____ **Years in Business:** _____

Complete % of operations that applies to the applicant (must total 100%):

_____ % Airport
_____ % Limousine*
*must have at least 1 stretched

_____ % Sightseeing/Tours
_____ % Casino Transport

_____ % Courtesy
_____ % Other - _____
_____

Radius: _____
(furthest one way distance in miles)

Will applicant be crossing state lines: YES ☐ **NO** ☐
If yes, list states entered: _____

List Major Cities Entered Into: _____

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

PRIOR INSURANCE INFORMATION ***4 years prior continuous coverage can qualify for considerable discounts.**

	Eff dates (month/year)	**Company Name**	**# of Losses**	Paid Out	**Annual Premium**
Current					
Year Prior					
Year Prior					
Year Prior					

DRIVERS SCHEDULE **If no MVR attached, the MVR activity must section must be complete for indication premium only**

*2 years verifiable experience with correct commercial class license if required

Name	Class Lic.	Date of Birth	Yrs Coml Exper.	**MVR ACTIVITY LAST 36 MONTHS** # Moving Viol	# Non-Moving viol	Major Viol.	# Accidents

COVERAGE

Liability:	**Medical**	**UM Limit:**
_____ $750,000 CSL	_____ $1,000	_____ $30,000
_____ $1,000,000 CSL	_____ $2,000	_____ $60,000
_____ $1,500,000 CSL	_____ $5,000	
_____ (other)_____		

FILINGS

PUC Filing: PSG/TCP# _____

Federal Filing: MC# _____
DOT# _____

VEHICLE *5+ units require completed app & 3 years loss runs

	Year	**Make - Model**	**Total # of Pass.**	**Inch Stretch**	**VIN**	**Physical Damage** **Stated Value**	**Deductible**
1							
2							
3							
4							

FAX TO: 1866-491-7853

OR

EMAIL TO: Info@California-Business-Insurance.com

***Turnaround time is 24-48 hours if above information is FULLY COMPLETED**