



Commercial Auto Quick Quote Form

TARGET DATE: _____

NAMED INSURED: _____ Ph#: _____

MAILING ADDRESS: _____

GARAGING ADDRESS: _____

NO. OF YEARS IN BUSINESS (With own insurance): _____ IF LESS THAN 3 YEARS, SUBMIT NEW VENTURE PROFILE

COMMODITIES HAULED (percent of time):

COMMODITY	%	AVERAGE LOAD VALUE

FILINGS REQUIRED:

NONE _____ ICC _____
 DMV _____ OTHER _____

RADIUS:

0-100 101-200 201-300
 301-500 Western States
 48 States

DRIVERS:

NAME	CDL EXP	ACCIDENTS

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*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.

TRACTORS/TRUCKS:					
YEAR	MAKE	BODY TYPE	GVW	STATED VALUE	VIN

TRAILERS:					
YEAR	MAKE	BODY TYPE	GVW	STATED VALUE	VIN

COVERAGES:

AUTO LIABILITY: \$750K CSL \$1M CSL OTHER _____
 UNINSURED MOTORIST BI: \$15,000/\$30,000 \$25,000/\$50,000 \$30,000/\$60,000
 CARGO \$100,000 \$250,000 DEDUCTIBLE: _____
 PHYSICAL DAMAGE: TOTAL VALUES: (TIV) _____ 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					

AGENCY: _____ PHONE: _____

AGENT: _____ FAX: _____