

## Request for Quote Form Commercial Auto Policy



Name of Business: \_\_\_\_\_

Check one: Corporation  LLC  Partnership   
 Individual / Sole Proprietor  Other

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Description of Operations \_\_\_\_\_

List States in which the entity operates: \_\_\_\_\_

Years in Operation: \_\_\_\_\_

Federal ID Number / SS#: \_\_\_\_\_

Do you currently have insurance: Yes  No

If yes : Current Company \_\_\_\_\_

Expiration Date of Policy: \_\_\_\_\_

Have you had any losses? Yes  No

Requested Liability Limit: \$ \_\_\_\_\_ Medical Payments \$ \_\_\_\_\_

Do Employees drive their own vehicles for the company? Yes  No

	Year	Make/Model	VIN	Cost New	GVW	Garaged	Use	Radius
1								
2								
3								
4								
5								

	Veh #1	Veh #2	Veh #3	Veh #4	Veh #5
Rental					
Towing					
Comp Ded					
Coll Ded					

Do any vehicles have special equipment? \_\_\_\_\_

Driver Information:

Name	Date Of Birth	Lic # and State	SS#*	Accid/Conv

Lienholders:

Vehicle #1	
Vehicle #2	
Vehicle #3	
Vehicle #4	
Vehicle #5	