

# COMMERCIAL AUTO QUOTE

REGISTERED CORPORATE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

TAX ID #: \_\_\_\_\_ # OF YEARS IN BUSINESS: \_\_\_\_\_

<u>DRIVERS</u>	<u>SS#</u>	<u>BIRTH DATE</u>	<u>DL #</u>	<u>MARRIED?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>YEAR /</u>	<u>MAKE /</u>	<u>MODEL</u>	<u>VIN</u>	<u>VALUE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRAILERS? \_\_\_\_\_ TRAILER INFO: \_\_\_\_\_

PRIMARY VEHICLE USAGE? \_\_\_\_\_

# OF JOBSITES PER DAY? \_\_\_\_\_ RADIUS: \_\_\_\_\_

CURRENT LOSS PAYEE OR LIENHOLDER INFO: \_\_\_\_\_

ANY LOSSES IN THE PAST 3 YEARS: \_\_\_\_\_

Letter on company letterhead stating no losses if none obtained \_\_\_\_\_ Past 3 years loss runs ordered \_\_\_\_\_

CURRENT LIABILITY CARRIER: \_\_\_\_\_

CURRENT PROPERTY CARRIER: \_\_\_\_\_

CURRENT W/C CARRIER: \_\_\_\_\_

CURRENT GROUP HEALTH CARRIER: \_\_\_\_\_

CURRENT COMMERCIAL AUTO CARRIER: \_\_\_\_\_

EXPIRATION: \_\_\_\_\_ LIMITS: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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