

COMMERCIAL AUTO QUOTE

REGISTERED ENTITY 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: _____
