



Commercial Auto Quick Quote Form

Effective Date: _____ Broker: _____ Contact: _____
 Applicant Name: _____ DBA: _____
 Mailing Address: _____ City: _____ State _____ Zip Code: _____
 Garaging Address: _____ City: _____ State _____ Zip Code: _____
 Years in Business: _____ # of years with prior insurance in own name? _____

COVERAGE:

TYPE	LIMIT	DEDUCTIBLE	TARGET PREMIUM
Auto Liability			
UM BI			
Medical			
Physical Damage TIV			
Motor Truck Cargo			

DRIVER SCHEDULE:

NAME	DOB	EXPERIENCE	VIOLATIONS:

VEHICLE SCHEDULE:

YEAR	MAKE	TYPE	GVW	RADIUS	STATED AMOUNT / DEDUCTIBLE

COMMODITIES:

	%
	%
	%
	%
	%

FILINGS REQUIRED:

None
MC # / DOT #:
DMV CA#
PUC:
Other:

PRIOR INSURANCE HISTORY FOR THE LAST 3 YEARS:

Policy Period	Company Name	Liability Losses	PD Losses	Cargo Losses