

# COMMERCIAL AUTOMOBILE QUOTE SHEET

Named Insured: \_\_\_\_\_

Attn: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Phone#: \_\_\_\_\_

Description of business operations: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Type Organization: individual \_\_\_\_ partnership \_\_\_\_ corp \_\_\_\_

Prior Carrier: \_\_\_\_\_

Prior Losses (3years) (info needed to get best pricing)

\_\_\_\_\_  
\_\_\_\_\_

If Location Address is different from mailing address please complete: (Street, city zip)

\_\_\_\_\_  
(Please complete the information for each vehicle)

**Automobile Liability Limit** \_\_\_\_\_

**(Must have VIN # on all vehicles)**

(1) Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN# \_\_\_\_\_

Comp Ded: \_\_\_\_\_ Collision Ded: \_\_\_\_\_ Cost \_\_\_\_\_

How is vehicle used in business? \_\_\_\_\_

(2) Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN # \_\_\_\_\_

Comp Ded: \_\_\_\_\_ Collision Ded: \_\_\_\_\_ C/N \_\_\_\_\_

How is vehicle used in business? \_\_\_\_\_

(3) Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN# \_\_\_\_\_

Comp Ded: \_\_\_\_\_ Collision Ded: \_\_\_\_\_ C/N \_\_\_\_\_

How is vehicle used in business? \_\_\_\_\_

# DRIVERS LIST

**(We need this information on any person(s) who will drive insured vehicles)**

Driver Info:

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ License # \_\_\_\_\_ State Licensed \_\_\_\_\_

Any Tickets, Infractions, or Accidents \_\_\_\_\_

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ License # \_\_\_\_\_ State Licensed \_\_\_\_\_

Any Tickets, Infractions, or Accidents? \_\_\_\_\_

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ License # \_\_\_\_\_ State Licensed \_\_\_\_\_

Any Tickets, Infractions, or Accidents? \_\_\_\_\_

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ License # \_\_\_\_\_ State Licensed \_\_\_\_\_

Any Tickets, Infractions, or Accidents? \_\_\_\_\_

Please provide information on any accidents or violations any drivers have as company will check MVR on each driver. (This will affect the pricing and eligibility of risk)