## COMMERCIAL AUTOMOBILE QUOTE SHEET

Attn:			
Address:			
City:	St:	Zip	
Phone#:			<u></u>
Description of busine	ss operations:		
Effective Date:			
Type Organization: i	ndividual partnership	o corp	
Prior Carrier:			
Prior Losses (3years)	(info needed to get best price	ing)	
If Location Address	is different from mailing add	dress please complete: (Street,	city zip)
(Plazea complete the	information for each vehic	-la)	
, -		ie)	
Automobile Liability	y Limit		
Automobile Liability (Must have VIN # or			
(Must have VIN # or	n all vehicles)		
(Must have VIN # or (1) Vehicle Year	n all vehicles)	Model	
(Must have VIN # or (1) Vehicle Year	n all vehicles)	Model	
(Must have VIN # or (1) Vehicle Year	n all vehicles) Make	Model	
(Must have VIN # or  (1) Vehicle Year  VIN#  Comp Ded:	n all vehicles)  Make Collision Ded:	Cost	
(Must have VIN # or  (1) Vehicle Year  VIN#  Comp Ded:  How is vehicle used in	n all vehicles)  MakeCollision Ded: n business?	Model	
(Must have VIN # or  (1) Vehicle Year  VIN#  Comp Ded:  How is vehicle used in	n all vehicles)  Make Collision Ded:	Model	
(Must have VIN # or  (1) Vehicle Year  VIN#  Comp Ded:  How is vehicle used i  (2) Vehicle Year	n all vehicles)  MakeCollision Ded: n business?	Model	
(Must have VIN # or  (1) Vehicle Year  VIN#  Comp Ded:  How is vehicle used i  (2) Vehicle Year  VIN #	n all vehicles)  MakeCollision Ded: n business? Make Mo	Model	
(Must have VIN # or  (1) Vehicle Year  VIN#  Comp Ded:  How is vehicle used i  (2) Vehicle Year  VIN #  Comp Ded:	n all vehicles)  Make  Collision Ded:  n business?  Make Mo  Collision Ded:	Model	
(Must have VIN # or  (1) Vehicle Year  VIN#  Comp Ded:  How is vehicle used i  (2) Vehicle Year  VIN #  Comp Ded:  How is vehicle used i	Make	Model Cost  odel  C/N	_
(Must have VIN # or  (1) Vehicle Year  VIN#  Comp Ded:  How is vehicle used i  (2) Vehicle Year  VIN #  Comp Ded:  How is vehicle used i	Make	Model Cost  odel	_
(Must have VIN # or  (1) Vehicle Year  VIN#  Comp Ded:  How is vehicle used i  (2) Vehicle Year  VIN #  Comp Ded:  How is vehicle used i  (3) Vehicle Year  VIN#	Make	Model	_

## **DRIVERS LIST**

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

DOB	License #_	State Licensed
Any Tickets,	Infractions, or Accidents	
		_
ame 		
DOR	License #	State Licensed
DOB	<del></del>	<del></del>
	ets. Infractions, or Accidents?	
	ets. Infractions, or Accidents?	
Any Ticke	ets, Infractions, or Accidents?	
Any Ticke	ets, Infractions, or Accidents?	
Any Ticke Full Name DOB	ets, Infractions, or Accidents?	State Licensed
Any Ticke Full Name DOB	ets, Infractions, or Accidents?	State Licensed
Any Ticke Full Name  DOB Any Tickets	License #, Infractions, or Accidents?	State Licensed

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)