



Commercial Auto Quick Quote Form

TARGET PREMIUM: _____ **TARGET DATE:** _____

NAMED INSURED: _____ **Ph#:** _____

GARAGING ADDRESS: _____

NO. OF YEARS IN BUSINESS (With own insurance): _____

COMMODITIES HAULED (percent of time):

FILINGS REQUIRED:
 NONE _____ ICC _____
 DMV _____ OTHER _____

RADIUS: INTRASTATE (CA only)

0-100 101-200 201-300

301-50012 Western States

48 States

DRIVER(S):

COMMODITY	%	AVERAGE LOAD VALUE

NAME	CDL EXP	ACCIDENTS

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*Specify the number of year's commercial driving experience each driver

has. If there are any drivers with a "not at fault" accident, please provide a copy of the policy report with your submission.

EQUIPMENT:

YEAR	MAKE	BODY TYPE	GVW	STATED VALUE	DEDUCTIBLE

TRAILER(S):

YEAR	MAKE	BODY TYPE	GVW	STATED VALUE	DEDUCTIBLE

COVERAGES:

AUTO LIABILITY: \$750K CSL \$1M CSL OTHER _____ **AUTO LIABILITY DEDUCTIBLE:** _____

UNINSURED MOTORIST BI: \$15,000/\$30,000 \$25,000/\$50,000 \$30,000/\$60,000

CARGO \$100,000 \$250,000 Other _____

OTHER COVERAGE _____ **DEDUCTIBLE** _____

PRIOR INSURANCE HISTORY FOR THE PAST 3 YEARS:

POLICY PERIOD (MM/YY)	COMPANY NAME	LIABILITY LOSSES		LOSSES	
		NUMBER	AMOUNT	NUMBER	AMOUNT
to					
to					
to					

AGENCY: _____

PHONE: _____

AGENT: _____

FAX: _____