



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:



Request for a Quote Public Auto

Requested Effective Date:		Agent:		Agency:	
Agent email:			Agent Phone #:		
Insured Name including DBA:					
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					Yrs in this Business
Location	Address		City	State	Zip Code:
Mailing					
Garaging					

Description of Business:		<input type="checkbox"/> For Hire/Profit <input type="checkbox"/> Not For Hire <input type="checkbox"/> Other	
Range of Transport: <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Are Filings Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Radius of Operation 0-100 miles: <input type="checkbox"/> 101-300 miles: <input type="checkbox"/> 301-500 miles: <input type="checkbox"/> 501+ miles: <input type="checkbox"/>		Please list major Metropolitan Areas traveled through or into: _____ _____ _____	
Type of Operation:			
<input type="checkbox"/> Limousine Service <input type="checkbox"/> Taxicab <input type="checkbox"/> Bus (describe use): _____			
<input type="checkbox"/> 1-15 Seating Capacity <input type="checkbox"/> 16+ Seating Capacity			

Insurance History			Years Prior Insurance Under Business Name: _____
Has any insurance company canceled or nonrenewed your policy in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in Comments section below.			
From	To	Ins. Co	Policy Premium

Insurance Loss Experience		Amount of Loss	Bodily Injury Involved?	Driver Involved
Date of Loss	Description of Loss			
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Driver Information		Must be completed on all drivers. (Include owner)				
Driver Name		Date of Birth	License Number	State	#Yrs Driving Similar Equip	CDL or Chauffers License?
1	Owner:					
2						
3						
4						
5						

Driver Information Continued (last 3 years)				
	Date of Hire	#Violations	# Accidents	Details (Accidents are considered at fault unless report showing not at fault is submitted)
1				
2				
3				
4				
5				

Schedule of Autos to be Insured				All units you own or are leased to you must be scheduled and insured if filings are to be made.				
#	Model YR	Trade Name/Make	Model/Body Style	Vin (17 Digit)	Length of Stretch-inches/	Current Stated Value Excl. Elec. Equip	Max Seating Capacity include driver	Max Radius
1								
2								
3								
4								

Additional information:

Are any units equipped with a wheel chair lift and 4 point tie downs? Yes No If yes, which ones:

Personal Use: Yes No If yes, explain and provide % of personal use:

If this is public livery,

- Please provide description of type of operations performed by the insured:
- Are drivers uniformed: Yes No
- Are all vehicles operated exclusively on a pre-arranged basis: Yes No (Explain if No)
- Are any vehicles affiliated with Uber, Lyft, Sidecar, Rideshare or any other dispatch company? Yes No
If yes, explain:

Coverages and Limits	Auto Liability: CSL \$	<input type="checkbox"/> ** Non-Owned Auto: # of Employees:
<input type="checkbox"/> Med Pay: \$	UM/UIM Limits: \$	<input type="checkbox"/> **Hired Auto Cost of Hire: If Any Basis <input type="checkbox"/>
<input type="checkbox"/> Physical Damage Deductible: \$	PIP Coverage Limit: \$	
	** Additional Supplements may be needed to quote these coverages.	

Comments: