



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

Request for a Business Auto Quote

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"/> Towing <input type="checkbox"/> Repo (<input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Disabled vehicles to be repaired only (<input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Private Carrier/Business Auto <input type="checkbox"/> Dump <input type="checkbox"/> Wrecker <input type="checkbox"/> Contractor <input type="checkbox"/> Food Delivery <input type="checkbox"/> Specialized Deliver <input type="checkbox"/> Boom/Bucket Truck <input type="checkbox"/> Trash/Refuse/Waste (non hazardous) <input type="checkbox"/> Other (describe): _____ Length of Boom and Jib: _____			

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)	Gross Vehicle Weight	Current Stated Value Excl. Elec. Equip	Max Radius
1							
2							
3							
4							

Please indicate if each unit is a flatbed, rollback or wrecker.				
	Flatbed	Rollback	Wrecker	
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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