COMMERCIAL AUTO QUOTE

GENERAL INFORMATION

Named Insured _____

Name of Business _____

Address _____

Phone Number _____ Business Number _____

Number of years experience _____ Number of years in business _____

Description of Operations _____

_____

_____

Losses last five years _____

_____

_____

DRIVERS

Name	DOB	SS#	DL#	# Yrs Exp	# Viol.	# Acc

VEHICLES

Year	Make/Model	Serial Number	Cost New	GVW	Radius of Oper	Comp	Coll

LIMITS

Bodily Injury _____ Property Damage _____ Medical _____

UM/UNI _____ UMPD _____ Comp Ded _____ Coll Ded _____

Towing _____ Rental _____

Hired Auto _____ Non-Owned Auto _____ On-Hook Covg _____(if towing risk)

ADDITIONAL NOTES

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