

QUICK QUOTE FORM – COMMERCIAL AUTO

AGENCY NAME AND CONTACT INFORMATION: (required for processing)

INSURED NAME:

PHONE #

GARAGING ADDRESS:

NO OF YEARS IN BUSINESS (with own insurance):

FEIN #:

COMMODITIES HAULED (be specific about % of each commodity hauled)

FILINGS REQUIRED: **NONE** **ICC** **TXDOT** **US DOT**
 ICC Filing # **TXDOT Filing #** **US DOT #**

RADIUS: **0-100 MILES** **201-300 MILES** **301-500 MILES** **501 + MILES**

DRIVER(S):

NAME & DL #	DATE OF BIRTH	YRS EXPERIENCE	ACCIDENTS OR VIOLATIONS

*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 police report with your submission

EQUIPMENT:

YEAR	MAKE	BODY TYPE	GVW	STATED VALUE	DEDUCTIBLE	VIN (required)

*If there are 5 or more power units, please provide a completed full application in lieu of this form for quoting

TRAILER(S):

YEAR	MAKE	BODY TYPE	GVW	STATED VALUE	DEDUCTIBLE	VIN (required)

*Please specify if applicant is pulling non-owned trailers and if applicant is pulling doubles.

COVERAGES:

AUTO LIABILITY: \$100K CSL \$300K CSL \$500K CSL \$750K CSL \$1M CSL OTHER
AUTO LIABILITY DEDUCTIBLE: \$500 \$1,000 **UNINSURED MOTORIST CSL DESIRED:**
CARGO: \$50,000 \$100,000
OTHER COVERAGE: PIP \$2,500 HIRED/NON-OWNED: YES NO

3 YEARS - PRIOR INSURANCE HISTORY

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