

Commercial Auto Quote Sheet

Date: _____ Name: _____ Email: _____
 DBA: _____ Physical Address: _____
 City _____ ST _____ ZIP _____ Ph (1) _____ (2) _____
 Prior Carrier/Eff. Dates: _____
 Has there been any lapse in coverage? _____ Who did you have prior to this if less than 3 years? _____
 Would be interested in paperless billing _____ Method of Payment (full, eft, monthly?) _____
 Mailing Address? _____ For Hire? _____
 Type of Business? _____ Radius Traveled? _____ EIN: _____
 Date Business was established? _____ Experience? _____
 How many commercial vehicles do you or company own or use in the business? _____

Driver #1:

Name (F) _____ (M) _____ (L) _____ DOB _____
 SSN _____ DL/CDL _____ Currently Insured _____
 State Licensed in? _____ Accidents/Claims/ Violations Last 5 years _____

 Years experience? _____

Vehicle #1:

Year/Make/Model/Type: _____
 Vin#: _____ Bought New? _____ Cost New _____
 Approx. Date Purchased _____ Current Value _____ Weight? _____
 Radius of travel _____ Anti-Theft devices? _____
 Type of Hitch? _____ Pull trailers? _____
 Leinholder? _____

Coverages

Liability Limits

25/50/25 50/100/50 100/300/100 250/500/250

Comprehensive Ded _____ Collision Ded _____

UM/UIM

25/50/25 50/100/50 100/300/100 250/500/250

Medical _____ PIP _____ Death Ind _____
 Rental _____ Towing _____

Filings Needed? _____

 Additional Insureds needing to be listed? _____

Discounts / Notes

Quote Results : Progressive = _____
 Tryton = _____
 MFS = _____
 Burns = _____