



GARAGE MOBILE DETAILING QUICK QUOTE

Effective Date: _____ Date Needed: _____ Agency Contact: _____

Agency Name: _____ Email: _____ Phone: _____

Insured: _____ Entity: Individual DBA INC LLC Partnership

Street: _____ City: _____ State: _____ Zip: _____

New Venture Yes No If YES, number of years' experience: _____ Years in business: _____

Prior carrier (3 years if possible): 1 _____ 2 _____ 3 _____

Losses in the past 3 years: 1 _____ 2 _____ 3 _____

Has insured been canceled or non-renewed? Yes No If YES, why _____

EMPLOYEE INFORMATION All owners/officers/employees/family members (NOTE: Out of state licenses must be approved)

NAME	DATE OF BIRTH	LICENSE #	FULL TIME/PART TIME

PLEASE COMPLETE THE PERCENTAGE OF YOUR SALES AND/OR REPAIR OPERATION FOR THE FOLLOWING

Priv. Pass. Veh, SUVs, & Light Trucks	%
Motorcycles & ATVs	%
All-Terrain Vehicles	%
Motor Homes	%

Heavy Truck	%
Buses	%
Boats	%
Utility trailers, Semi-Trailers, Trailers	%

Does the insured have a physical location Yes No If YES, please provide _____

Do customers bring autos to you Yes No

Do you pick up/deliver autos Yes No Radius of operations? _____

What percentage of operations are mobile in nature _____ %?

Are autos moved by the insured/employees from one address to another? Yes No

Do you transport autos from one rental location to another rental location during detail process? Yes No

Does insured perform pressure washing/detailing of anything other than autos? Yes No

What: _____ Gross receipts: _____

Liability limits: _____ Med Pay: _____ Personal & Advertising Injury: _____ Max/Auto Limit _____
Damage to Rented Premises: _____ Garagekeepers legal liability limit: _____ Deductible: _____

VEHICLE YEAR, MAKE & MODEL	RADIUS	GVW	STATED VALUE	VIT LIMIT	DEDUCTIBLE

2/19

IF PROPERTY COVERAGE IS NEEDED, PLEASE PROVIDE A FULLY COMPLETED PROPERTY ACORD 140

Fax completed form to 407-379-9081 or email to VIPinsurance@gmail.com