

1-5 Unit Business Auto Quote Sheet

All questions must be fully completed.

Insured Information			
Insured Name including DBA:			
Mailing Address:	City:	State:	Zip:
Garaging Address:	City:	State:	Zip:
Owner:	Phone:	Requested Eff Date:	
Entity Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:			
Date Business Started:		Years of prior insurance under this name?	

Agent Information	
Agency:	Agency Code:
Agent:	Email:
Phone:	

Operation Information:					
For Hire/Profit	Not For Hire	Other			
Range of Transport:	<input type="checkbox"/> Interstate	Intrastate			
Are Filings Needed?	<input type="checkbox"/> Yes	No	Type of Filing?		
Major Metropolitan Areas traveled through or into:					
1.	2.	3.			
Is there any personal use of vehicles by Insured or Employees? Yes No					
Type of Operation:					
Towing	Repo	Dump	Contractor	Food Delivery	Sales
Waste Hauler*	Escort	Specialized Delivery/Courier		Other:	
*Type of Waste: Residential Construction Debris Lawn & Tree Debris					

Driver Information: (must be completed for all drivers including owner)						
	Driver Name:	Date of Birth	DL #	State	CDL Class (A, B, C)	# Years Exp with CDL Class
1.	Owner:					
2.						
3.						
4.						
5.						
6.						

Driver Information Continued:					
	Date of Hire	# Violations	# Accidents	Owner/Op Yes or No	Details – provide date & details for violations & accidents. Accidents are considered at fault unless police report confirming not at fault is provided)
1.					
2.					
3.					
4.					
5.					
6.					

Vehicle Information: (all units you own &/or operate must be scheduled and insured if filings are to be made)								
	Year	Make	Model	Body Type*	17-digit VIN	GVW	Stated Value	Max Radius
1.								
2.								
3.								
4.								
5.								

*Body Type: TK = Truck CV = Cargo Van DTK = Dump Truck TT = Tow Truck/Wrecker
 FB = Flatbed/Rollback PPT = Private Passenger Type BT = Bucket/Boom Truck GT = Garbage Truck
 UT = Utility Trailer FBT = Flatbed Trailer DT = Dump Trailer

Specialty Class Questions:	Yes	No	Additional Info
If crane, boom or bucket truck, what is length of boom?			
If waste hauler, does truck have back up alarm?			
If waste hauler, do you go to a landfill?			
If hauling to landfill or dump, do you own either?			
If driver training, do all vehicles have dual controls?			
If mobile crane, is it licensed & plated for road use?			
If dump truck, # of rear axles?			
If escort vehicle, is the vehicle equipped with a high policy?			
Do you escort over height/oversize vehicles?			
Is any vehicle modified or specially equipped? If yes, provide details			
If landscape/lawn service, do you also plow snow in winter months?			
If snow plow, is the blade permanently attached?			

Insurance History and Loss Experience:								
Has insured been cancelled or non renewed in last 3 years? Yes No If Yes, please explain:								
Eff Date	Exp Date	Carrier	Coverage Type*	Policy #	# of units insured	# of losses	Amount Paid	Driver Involved

*Coverage Type: L = Primary Auto Liability P = Physical Damage C = Cargo GL = General Liability

Coverages and Limits:	
Auto Liability:	\$
Uninsured Motorist:	\$
Underinsured Motorist:	\$
Medical Payments:	\$
PIP:	\$
Hired Auto Liability:	\$
Non Owned Auto Liability:	\$
Physical Damage	<input type="checkbox"/> Comp \$ <input type="checkbox"/> Spec. Causes of Loss \$ <input type="checkbox"/> Collision \$
Deductibles:	Michigan Only: <input type="checkbox"/> Limited <input type="checkbox"/> Broadened <input type="checkbox"/> Regular

Disclaimer

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name (*please print*)

Date

State Producer License Number