

Excess 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:
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?	Requested Eff Date:	

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

Operation Information:
Description of Operations:
Commodities Hauled:
<input type="checkbox"/> For Hire/Profit <input type="checkbox"/> Not For Hire
Range of Transport: Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>
Are Filings Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Filing?
Is there any personal use of vehicles by Insured or Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has insured had more than three auto liability losses in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any individual auto liability loss over \$50,000 in the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do any drivers currently have a suspended driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do any drivers have a DUI/DWI violation in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicle Information: (all units you own &/or operate must be scheduled and insured if filings are to be made)							
	Year	Make	Model	Auto Class*	17-digit VIN	GVW or Seating Capacity (incl. driver)	Max Radius
1.							
2.							
3.							
4.							
5.							
*Auto Class:							
LT = Light Truck	MT = Medium Truck		HT = Heavy Truck		XHT = Extra Heavy Truck		
TR = Tractor/Trailer	CV = Cargo Van		SB = School Bus		AB = Airport Bus		
AL = Airport Limo	L = Limo		IB = Intercity Bus		PB = Party Bus		
CB = Church Bus	CH = Charter Bus		SSB = Social Service Bus		CV = Courtesy Van		
TX = Taxi	PPT = Private Passenger		PT = Para-Transit/Non-Emergency Medical				

Underlying Auto Liability:
Carrier Name: _____ Eff. Date: _____ Exp. Date: _____
Underlying Auto Liability Limit: \$_____

Excess Auto Liability Limits:
\$_____

If you'd like to email this to us you can do so by going to file, send and then choosing mail recipient (as attachment). You will need to use this address: arquotebind@arlingtonroe.com.

Disclaimer

The signatory below is an authorized representative of the proposed insured 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