

1-5 Unit Public 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:	
Phone:	Email:

Operation Information:	
<input type="checkbox"/> For Hire/Profit <input type="checkbox"/> Not For Hire <input type="checkbox"/> Other	
Radius of Operations:	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?
Major Metropolitan Areas traveled through or into:	
1. _____	
2. _____	
3. _____	
Any personal use of vehicles by Insured or Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what % of the time?	
Type of Operation:	
<input type="checkbox"/> Limo <input type="checkbox"/> Charter Bus <input type="checkbox"/> Party Bus <input type="checkbox"/> School Bus <input type="checkbox"/> Airport Shuttle <input type="checkbox"/> Taxi <input type="checkbox"/> Ride Share <input type="checkbox"/> Daycare	
<input type="checkbox"/> Church <input type="checkbox"/> Courtesy Van <input type="checkbox"/> Non-Emergency Medical Transportation <input type="checkbox"/> Emergency Ambulance	
<input type="checkbox"/> Other:	

Driver Information: (must be completed for all drivers including owner)						
	Driver Name:	Date of Birth	DL #	State	License Type*	# Years Exp operating similar equip.
1.	Owner:					
2.						
3.						
4.						
5.						
6.						
*License Type: CDL A, CDL B, CDL C, Operators, Chauffeurs						

Driver Information Continued:					
	Date of Hire	# Violations	# Accidents	Owner/Op (Y/N)	Details (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	Stated Value	Seating Capacity (incl. driver)	Length of Stretch (inches)	Wheelchair Equipment Installed (Y/N)
1.									
2.									
3.									
4.									
5.									

*Body Type: PV = Passenger Van L = Limo SL = Stretch Limo CB = Charter Bus PB = Party Bus
 SB = School Bus PPT = Private Passenger Type

Insurance History and Loss Experience:									
Has insured been cancelled or non-renewed in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:									
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 GL = General Liability

Specialty Class Questions:	Yes	No	Additional Info
If taxi,			
• Is there a meter installed?			
• Is applicant affiliated with any other taxi operations (Yellow Cab, Checker, etc)			
• Are you an owner/operator?			
Are all trips pre-arranged?			
If a limo operation, what % of time do you go to the airport?			
If daycare, are you operated by a religious organization?			

Coverages and Limits:	
Auto Liability:	\$
Uninsured Motorist:	\$
Underinsured Motorist:	\$
Medical Payments:	\$
PIP:	\$
Hired Auto Liability:	\$ Cost of Hire:
Non-Owned Auto Liability:	\$ # of Employees:
Physical Damage	<input type="checkbox"/> Comp \$ <input type="checkbox"/> SCL \$ <input type="checkbox"/> Collision \$
Deductibles:	Michigan Only: <input type="checkbox"/> Limited <input type="checkbox"/> Broadened <input type="checkbox"/> Regular

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