

Commercial Auto Quick Quote

To: InsuranceTek Inc.
Phone: 888-505-1555
Fax: 800-521-1528

Date of Request _____
Contact Person _____
Contact Phone _____

Client Name: _____
Person financially responsible for auto policy _____
SSN for personal financially responsible _____

Organization Type Individual/Sole Proprietorship
 Partnership
 Corporation
 LLC

FEIN _____ Year Current Business was Established _____

Business Type _____
Current Insurance Carrier _____
Current Limits _____
Effective Date _____ Expiration Date _____ Years in Place _____
Additional Insured _____ # Waivers of Subrogation _____
Mailing Address _____
Garaging Address _____
Will a personal auto still be in force with placement of this policy? _____
(If no personal auto policy, we will need to include for driver other car coverage)

#1 Year/Make/Model

Vehicle Type (PU/Van/Tractor/Tow/Private Passenger) _____
Vin # _____
Passenger Capacity or # of Axles _____ Gross Vehicle Weight (if no vin) _____
Trailer Hitch _____ Any Personal Use _____ Total Stated Value _____
Use of Vehicles/Goods Hauled/# Site per Day _____
Radius of Operations 50 100 200 300 500 Unlimited
Comprehensive Deductible _____ Collision Deductible _____
Loan or Lease on Auto _____
Name/Address of Company Loan/Lease through _____

#2 Year/Make/Model

Vehicle Type (PU/Van/Tractor/Tow/Private Passenger) _____
Vin # _____
Passenger Capacity or # of Axles _____ Gross Vehicle Weight (if no vin) _____
Trailer Hitch _____ Any Personal Use _____ Total Stated Value _____
Use of Vehicles/Goods Hauled/# Site per Day _____
Radius of Operations 50 100 200 300 500 Unlimited
Comprehensive Deductible _____ Collision Deductible _____
Loan or Lease on Auto _____
Name/Address of Company Loan/Lease through _____

Drivers Section

Drivers Legal Name _____ Married or Single _____

Date of Birth _____ Licensing State _____ DL # _____

Any Tickets/Accidents last three years _____

Drivers Legal Name _____ Married or Single _____

Date of Birth _____ Licensing State _____ DL # _____

Any Tickets/Accidents last three years _____

Drivers Legal Name _____ Married or Single _____

Date of Birth _____ Licensing State _____ DL # _____

Any Tickets/Accidents last three years _____

Limited of Coverage Requested

Liability _____

Medical Payments _____

Personal Injury Protection _____

Uninsured/Uninsured Motorist _____

Uninsured Physical Damage _____

Roadside Assistance (if available) _____

Rental Reimbursement _____

Hired and Non-Owned Auto _____

Hired Physical Damage _____

Drive other car coverage names _____

Name/Date of Birth _____

Name/Date of Birth _____

Name/Date of Birth _____

Truck Cargo Value _____

On-Hook Towing _____

Non-Trucking/Bobtail/Contingent Liability _____

Garagekeepers Legal Liability _____

Trailer Interchange (Include # of trailers) _____

AGENCY TO COMPLETE THIS SECTION ONLY

Quoted Price Through _____

Quoted Price Through _____

Quoted Price Through _____

Quoted Price Through _____

Down payment required to bind: _____

ACH option to insured _____

Quote Completed by and Date _____