



## Commercial Auto Or Cargo Quote

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

NAME \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Description \_\_\_\_\_

Use of each vehicle: \_\_\_\_\_

Radius of Operation: \_\_\_\_\_ All States driven to: \_\_\_\_\_

Owner operated for hire  Or Contracted to 1 Company?

If contracted, Name Of Company: \_\_\_\_\_

Commercial Insurance actually in force? Yes  No

Eff. Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Liability Limit needed \_\_\_\_\_ UIM \_\_\_\_\_ PIP \_\_\_\_\_

### VEHICLES:

Year, Make & Model	Gross Weight	VIN Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

### DRIVERS INFORMATION

Name	Sex	Marital Stat.	DOB	License#	Yrs.Lic.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List driver name who had have Losses, Claims Accidents, Violations, or License Suspension \_\_\_\_\_

Cargo Insurance needed? Yes  No  Trailer locked at all time Yes  No

Describe % of each type of cargo carrier: \_\_\_\_\_

Cargo kept in truck overnight Yes  No  Alarm on trailer Yes  No

Send us this application with a copy of your current insurance policy and we will come back to you with our best quote