

**Commercial Auto Quote Sheet –**

Named Insured \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Web address \_\_\_\_\_

EIN \_\_\_\_\_ Organization type \_\_ Sole Proprietor \_\_ LLC \_\_ Partnership \_\_ Other

All Names of Business Owners \_\_\_\_\_

\_\_\_\_\_

Year Business Established \_\_\_\_\_ Years of Experience \_\_\_\_\_ Any Losses in last 3 years \_\_ Y \_\_ N

Type of Insurance Quote Requested \_\_\_\_\_

Current Carrier \_\_\_\_\_ Expiration Date \_\_\_\_\_

Detailed description of operations: \_\_\_\_\_

\_\_\_\_\_

**Commercial Auto Section**

Driver List (include complete names, birthdate, and driver license numbers)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vehicle list (include complete year, make, model, and VIN)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received \_\_\_\_\_ Need By \_\_\_\_\_

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Coverages/Limits

Liability \_\_\_\_\_ Personal Injury Protection \_\_\_\_\_

Uninsured/Underinsured Motorist \_\_\_\_\_ Medical Payments \_\_\_\_\_

Comprehensive/Collision \_\_Y\_\_N Deductibles \_\_\_\_\_ Cargo \_\_Y\_\_N Limit \_\_\_\_\_

Deductible \_\_\_\_\_ Reefer Coverage \_\_Y\_\_N Rental Reimbursement \_\_Y\_\_N Limit \_\_\_\_\_

State or Federal Filings \_\_Y\_\_N TXDMV # \_\_\_\_\_ USDOT # \_\_\_\_\_

MC # \_\_\_\_\_ TDLR # \_\_\_\_\_

Commodities Transported \_\_\_\_\_

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Range of transport \_\_\_ Interstate \_\_\_ Intrastate

Do you have Brokerage Authority? \_\_Y\_\_N

Leinholder? \_\_\_\_\_

Additional Insured? \_\_\_\_\_

For Hire or Private Carrier? \_\_\_\_\_

Garaging address for units \_\_\_\_\_

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Comments \_\_\_\_\_

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Comments \_\_\_\_\_

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