

# INSURANCE SOLUTIONS COMMERCIAL AUTOMOBILE QUOTE SHEET

Agency Name \_\_\_\_\_

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

Attn: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Phone#: \_\_\_\_\_

Description of business operations: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Type Organization: individual \_\_\_\_ partnership \_\_\_\_ corp \_\_\_\_

Prior Carrier: \_\_\_\_\_

Prior Losses (3years) (info needed to get best pricing) (loss runs will be required to bind

\_\_\_\_\_  
\_\_\_\_\_

If Location Address is different from mailing address please complete: (Street, city  
zip) \_\_\_\_\_

**Automobile Liability Limit** \_\_\_\_\_

**(Must have VIN # on all vehicles)**

(1) Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN# \_\_\_\_\_

Comp Ded: \_\_\_\_\_ Collision Ded: \_\_\_\_\_ C/N \_\_\_\_\_

How is vehicle used in business? \_\_\_\_\_

(2) Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN # \_\_\_\_\_

Comp Ded: \_\_\_\_\_ Collision Ded: \_\_\_\_\_ C/N \_\_\_\_\_

How is vehicle used in business? \_\_\_\_\_

(3) Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN# \_\_\_\_\_

Comp Ded: \_\_\_\_\_ Collision Ded: \_\_\_\_\_ C/N \_\_\_\_\_

How is vehicle used in business? \_\_\_\_\_

**(Please complete this information for each vehicle)**

Driver Info:

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ License # \_\_\_\_\_ State Licensed \_\_\_\_\_

(If Driver has a CDL we need: Their DOT # \_\_\_\_\_)

How long have they have their CDL \_\_\_\_\_ Are they for hire \_\_\_\_\_) Full

Name \_\_\_\_\_

DOB \_\_\_\_\_ License # \_\_\_\_\_ State Licensed \_\_\_\_\_

(If Driver has a CDL we need: Their DOT # \_\_\_\_\_)

How long have they have their CDL \_\_\_\_\_ Are they for hire \_\_\_\_\_)

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ License # \_\_\_\_\_ State Licensed \_\_\_\_\_

(If Driver has a CDL we need: Their DOT # \_\_\_\_\_)

How long have they have their CDL \_\_\_\_\_ Are they for hire \_\_\_\_\_)

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ License # \_\_\_\_\_ State Licensed \_\_\_\_\_

(If Driver has a CDL we need: Their DOT # \_\_\_\_\_)

How long have they have their CDL \_\_\_\_\_ Are they for hire \_\_\_\_\_)

**(We need this information on any person(s) who driver insured vehicles)**

Please provide information on any accidents or violations any drivers have as company will check MVR on each driver. (This will affect the pricing and eligibility of risk)