

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 [] corporation

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)