

## Commercial Auto - QuickQuote

### Basic Information

Your Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Check one:**  
 Individual  
 Corporation  
 Partnership  
 Joint Venture

**Nature of Business:**

### Additional Locations...

Address, City, Zip:	Interest:	Yrs. Built:	Part Occupied:

### Coverages

Limits		Deductible	
	Liability		Comprehensive
	Medical		Collision
	Uninsured Motorist		

### Carrier History

	Current	Last Year	2 Yrs. Prior	3 Yrs. Prior	4 Yrs. Prior
Carrier					
Policy #					

### Loss History Check here if none:

Date of Occurrence	Line	Type & Description of Occurrence	Date of Claim	Amount Paid	Amount Reserved	Still Open

**Be sure you have completed a Vehicles and Drivers Form.**

**Signature X**

Note: No coverage in force until bound by the carrier

