

# LEVELFIRST

An Independent Insurance Agents of Texas Company

## Commercial Auto Quick Quote Sheet

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

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

No. of Years in Business (with own insurance): \_\_\_\_\_

Target Need by Date: \_\_\_\_\_ Target Premium: \_\_\_\_\_

DOT #: \_\_\_\_\_

### Filings Required:

None \_\_\_\_\_ ICC \_\_\_\_\_ State \_\_\_\_\_ Other \_\_\_\_\_

### Radius:

Interstate or Intrastate: \_\_\_\_\_

0-100  101-200  301-500  12 Western States  48 States

Commodities Hauled (percent of time):

Commodity	% of time	Average Load Value

**Drivers** (Specify the number of year's commercial driving experience each driver has. If there are any drivers with a "not at fault" accident, please provide a copy of the police report with submission):

Driver	CDL Experience	Violations/Accidents (Provide Specifics)	DOB	DL Number	Marital Status

**Equipment (Including Trailers):** List additional units on a separate spreadsheet

Year	Make	VIN	Body Type (Tractor, Truck, Semi-Trailer etc.)	GVW	Stated Value

**Coverages:**

**Auto Liability:**  \$750k CSL  \$500k CSL  \$1M CSL  Other

**UM/UIM:**  State minimum  \$750k CSL  \$1M CSL  \$500k CSL

**Personal Injury Protection:**  \$2,500  \$5,000

**Auto Physical Damage:**  Yes  No      Deductible:  \$1,000  \$2500  \$5000

**Cargo:**  \$100,000  \$250,000  Other

**Hired & Non Owned Liability**  Yes  No

**Hired Car Physical Damage**  Yes  No

Limit:                      Deductible:

**Commercial General Liability:** Limits Requested:                      Number of Owners:

Payroll of Terminal Employees/Drivers Helpers:

**Prior Insurance History For The Past 3 years:**

Policy Period Term YY/MM	Company Name	Liability Losses		Physical Damage Losses	
		Number	Amount	Number	Amount

**Retail Agents Contact Info:**