



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: