

Company Name

Commercial Automobile Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
Company Address
City, State, Zip
Tel. (555) 555-5555
Fax (555) 555-5555
www.domain.com

* Denotes Required Field

General Information

*Business Name:

*Contact Name:

Position:

*Address:

*City:

*State:

*Zip Code:

*Business Phone:

*Fax:

Ex. 920-111-2222

Business Status:

Other:

Best Time to Call:

Business Tax ID Number:

*E-Mail Address:

*Confirm E-Mail Address:

*Garaging Address:

(type "same" if same as above)

City:

State:

Zip Code:

Current Auto Insurance Information

Company Name *(not agency)*:

Policy Number:

Number of years with current policy:

Policy Expiration Date:

Ex. 01/12/2007

Premium Amount \$:

Term:

6 Months

1 Year

Other:

Vehicle Information

Include all vehicles you or your family own or lease.

Vehicle #1

Year:

Make:

Model:

Body Type:

Vehicle ID # (VIN):

Annual Mileage:

Primary Vehicle Use:

of Miles *(one way)*:

Cost New: \$

Airbags?:

Vehicle Alarm?:

Antilock Braking System?:

Please describe in detail what this vehicle is used for:

If Commodity is hauled, please explain:

If the vehicle is kept at an address other than the one above, please indicate below.

Location City:

State:

Zip Code:

Vehicle #2

Year:

Make:

Model:

Body Type:

Vehicle ID # (VIN):

Annual Mileage:

Primary Vehicle Use:

of Miles (one way):

Cost New: \$

Airbags?:

Vehicle Alarm?:

Antilock Braking System?:

Please describe in detail what this vehicle is used for:

If Commodity is hauled, please explain:

If the vehicle is kept at an address other than the one above, please indicate below.

Location City:

State:

Zip Code:

Vehicle #3

Year:

Make:

Model:

Body Type:

Vehicle ID # (VIN):

Annual Mileage:

Primary Vehicle Use:

of Miles (one way):

Cost New: \$

Airbags?:

Vehicle Alarm?:

Antilock Braking System?:

Please describe in detail what this vehicle is used for:

If Commodity is hauled, please explain:

If the vehicle is kept at an address other than the one above, please indicate below.

Location City:

State:

Zip Code:

Vehicle #4

Year: **Make:** **Model:** **Body Type:**
Vehicle ID # (VIN): **Annual Mileage:**
Primary Vehicle Use: **# of Miles (one way):**
Cost New: \$
Airbags?: **Vehicle Alarm?:** **Antilock Braking System?:**
Please describe in detail what this vehicle is used for:

If Commodity is hauled, please explain:

If the vehicle is kept at an address other than the one above, please indicate below.

Location City:

State:

Zip Code:

Vehicle #5

Year: **Make:** **Model:** **Body Type:**
Vehicle ID # (VIN): **Annual Mileage:**
Primary Vehicle Use: **# of Miles (one way):**
Cost New: \$
Airbags?: **Vehicle Alarm?:** **Antilock Braking System?:**
Please describe in detail what this vehicle is used for:

If Commodity is hauled, please explain:

Loss Information

How many losses have there been in the last 3 years?:

If any, please explain below:

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above, such as additional drivers, vehicles, driver histories, etc., please enter it here:

*Acknowledgement and Consent

I hereby certify that the above information is complete and accurate to the best of my knowledge. I hereby authorize the agency to obtain motor vehicle reports, loss reports and credit reports about me on an ongoing basis during this quotation and policy period and to check my motor vehicle and driving record on an ongoing basis during the term of the quotation and policy period. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties. I authorize the agency to obtain a motor vehicle and driving record about me on an ongoing basis during this quotation and policy period and to check my motor vehicle and driving record on an ongoing basis during the term of the quotation and policy period.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes** **No**

***Enter Your Initials Here:**

***Today's Date:**

EX: 01/12/2007

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