

Commercial Auto Quick Quote Application

1. Applicant _____

2. Garaging Location _____
3. Years in Business _____
4. Proposed Eff. Date _____
5. Commerce Commission Filing Needed [] Yes [] No
6. Type of Business _____

7. Cargo Hauled/Percentage/Avg & Max Value _____

8. For Whom _____
9. [] Primary [] Non-trucking
10. Major Cities entered & percentage _____

11. Driver's Information:

Name	Date of Birth	Date of Hire	#Yrs. Exp.	Moving Violations & Accidents—Last 3 Yrs. <input type="checkbox"/> MVR's attached
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Vehicle Information:

Year	Make	Body Type/ Model *	GVW	Radius	Present Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* If Tow Truck, indicate whether hook type or flatbed and carrying capacity (number of vehicles)

13. Prior Carrier – Last 3 years: _____
Being Cancelled [] Yes [] No
Describe losses or provide 3 years loss runs _____

14. Coverage Limits:

A. Liability _____	D. Comprehensive, Deductible _____
B. UM/UIM _____	E. Collision, Deductible _____
C. Med Pay _____	F. Cargo/On-Hook Limit _____ Ded. _____

15. Required Pricing: _____ Liability _____ Physical Damage _____

Remarks: _____

