



Quick Quote Automobile Application

TO BE COMPLETED FOR ACCOUNTS WITH LESS THAN 5 POWER UNITS

DATE COMPLETED _____
AGENCY _____ **PRODUCER** _____
PHONE _____ **FAX** _____
EMAIL _____
INSURED NAME _____ **EFF DATE** _____
INSURED ADDRESS _____
INSPECTION CONTACT _____ **PHONE** _____
YRS IN BUSINESS _____ **CURRENT CARRIER** _____
CURRENT PREMIUM _____ **TARGET PREMIUM** _____
DESCRIPTION OF OPERATIONS _____

ANY DRIVERS UNDER 21? YES NO IF YES, HOW MANY AND WHAT AGES? _____

ANY DRIVERS WITH 2 OR MORE MOVING VIOLATIONS IN THE LAST TWO YEARS? YES NO

VEHICLE SCHEDULE

MAKE/MODEL	YEAR	GVW	RADIUS	STATED VALUE	ACV	DED

LIABILITY LIMIT _____ **UM LIMIT** _____
MED PAY _____ **FILINGS NEEDED** _____
MTC # _____ **DOT #** _____

THREE YEAR LOSS INFORMATION Check here if none

YEAR _____ **AMT PAID/RESERVED** _____
YEAR _____ **AMT PAID/RESERVED** _____
YEAR _____ **AMT PAID/RESERVED** _____

NOTES/OTHER _____