

# Insurance Plus

## Commercial Auto Quote Request Form

This is an indication only and subject to inspection and carrier approval of your application and rating.

### Commercial Auto Quote

Name Insured:					
DBA(if any):				Phone:	
Mailing Address:					
City:				Zip:	
Previous Carrier:					
Losses (if any):					
Canceled or non-renewed (reason):					
Business of Insured/Cargo Hauled:					
County: Garaging			Territory:		
Radius:			Largest City Entered (what percent of the time):		
Hauling for Hire?			States operating in:		
Filings required:					
Is vehicle owner owned: <input type="checkbox"/> Yes <input type="checkbox"/> No			Owner driven: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Liability (CSL):			Personal injury protection:		
Uninsured/underinsured motorists (CSL):			Comprehensive:		
Collision:			Additional Insured (how many?):		
Waiver of Subrogation (how many?):			Hired/non-owned coverage:		
<b>Vehicle Information: (More than 5 units - Must be submitted with loss runs)</b>					
	Year	Make	Model	GVW	Actual Cash Value
1					
2					
3					
4					
5					
	Driver Name	Date of Birth	DL# & State	Violation Description	
1					
2					
3					
4					
5					
<b>Comments</b>					

**Use Submit Button or  
Fax: 214-351-6118**