



AUTO & EQUIP QUOTE INFORMATION

Proposed Effective Date: _____

Applicant's Name: _____

Auto Liability limits desired: \$300,000 CSL \$500,000 CSL \$1,000,000 CSL
 Uninsured Motorist: \$20,000 \$100,000 Other
 Comp/Coll Deductible: \$500/\$500 \$1,000/\$1,000
 Med Pay \$2,000 \$5,000 Other

Radius Of Operations: _____ Miles

Are you transporting hazardous materials? **Yes** **No**

Are all vehicles registered to the business? **Yes** **No**

If no, please explain and provide copies of registration:

Do owners / officers have personal auto insurance coverage? **Yes** **No**

If not, DOC required on: _____

VEHICLE INFORMATION (Cost includes any permanently attached rigs, etc.):

Year / Make Model	VIN#	Cost

DRIVER INFORMATION:

Name	DOB	State	License Number

** In order to apply for rate experience discounts, please list insurance carriers for the past four (4) years .*

CURRENT YEAR: _____ COMPANY: _____ LOSSES: _____
 1st PRIOR YEAR: _____ COMPANY: _____ LOSSES: _____
 2nd PRIOR YEAR: _____ COMPANY: _____ LOSSES: _____
 3rd PRIOR YEAR: _____ COMPANY: _____ LOSSES: _____