

## Commercial Auto Insurance Quote Form

Producer: \_\_\_\_\_

Date: \_\_\_\_\_

How many vehicles does your business own? \_\_\_\_\_

How many drivers do you have? \_\_\_\_\_

Address: \_\_\_\_\_

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VIN</u>	<u>\$ ATTACHED EQUIP</u>	<u>FINANCED</u>	<u>FULL COVERAGE</u>	<u>DEDUCTIBLE</u>

<u>Driver Name</u>	<u>Birthday</u>	<u>License State</u>	<u>Drivers License #</u>	<u>Owner or Employee</u>

How much coverage would you like for injuries and damage to property that you or your employees cause to others?

\_\_\_\_\_

How much coverage do you desire for injuries and property damage that is caused by uninsured drivers to you or your employees?

\_\_\_\_\_

Does your business have any financed vehicles? \_\_\_\_\_

Sometimes with financed vehicles, we owe more than what the fair market value actually is for the vehicle. If you total a vehicle, insurance companies are only obligated to pay the fair market value, which could leave you owing the finance company for the difference.

Is this something that you wish to protect yourself from? \_\_\_\_\_

Do you desire rental car and towing coverage for your vehicles? \_\_\_\_\_

Do you know what your annual commercial auto insurance expenses are? \_\_\_\_\_

How do you pay your premiums currently? \_\_\_\_\_

Additional Notes: