CLEAR FORM

Commercial Auto Quick Quote

Effective Date: _____

Named Insured: _____ Ph#: _____

Mailing Address: _____ FEIN: _____

Garaging Address: _____

No. of Years in Business (With own insurance): _____ ***IF LESS THAN 3 YEARS, ALSO SUBMIT NEW VENTURE PROFILE**

Commodities Hauled (percent of time)**:**

COMMODITIES	%	AVERAGE LOAD VALUE

Filings Required:

- DOT #: _____ MC #: _____
- STATE: _____ STATE #: _____

Radius:

☐ 0-100 ☐ 101-200 ☐ 201-300

☐ 301-500 ☐ Western States ☐ 48 States

Drivers:

NAME	DOB	AGE	CDL EXP (yrs)	# ACCIDENTS	# VIOLATIONS

**Specify the number of years of commercial driving experience for each driver.*

If there are any "not at fault" accidents or claims, please provide a copy of the police report with your submission.

Tractors/Trucks:

YEAR	MAKE	BODY TYPE	GVW	VALUE	VIN (Vehicle Identification Number)

Trailers:

YEAR	MAKE	TRAILER TYPE	VALUE	VIN (Vehicle Identification Number)

Coverages:

Auto Liability: ☐ $750K CSL ☐ $1M CSL ☐ Other (details): _____

Uninsured Motorist BI: ☐ $15,000/$30,000 ☐ $25,000/$50,000 ☐ $30,000/$60,000 ☐ Other (details): _____

Cargo: ☐ $100,000 ☐ $250,000 ☐ Other (details): _____ ○ Deductible: _____

Physical Damage: ○ Total Values (TIV): _____ ○ Deductible: _____

Prior Insurance (For the past 3 Years):

POLICY PERIOD (MM/YY)	COMPANY NAME	LIABILITY LOSSES		PHYSICAL DAMAGE LOSSES		CARGO LOSSES	
		NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
to							
to							
to							

Agency: _____ **Phone:** _____

Agent: _____ **Email:** _____