COMMERCIAL AUTO QUOTE WORKSHEET

Effective Date Requested:

Agency Name/Code:

Applicant:			DBA (Doing Business As)			Occu	Occupation / Description of Operations			
Garaging Address:			Mailing Address (If Different)			Phone	Phone # E-Mail Address			
							, II			
			со	VERAG	ES/LIMITS					
Bodily Injury	Property	Combined	Medical		Uninsure	d		Uninsured/M	lotorists (PD)	
<u> </u>	Damage	Single Limit		<u>s</u>	Motorist				ductible Waiver	
□ 15/30 □ 25/50	□ 10,000 □ 25,000	□ 300,000 □ 500,000	□ 1,000 □ 2,000		□ 15/30 □ 25/50		00/300 00/500		\$250 \$500	
□ 50/100 □ 100/300	□ 50,000 □ 100,000	□ 600,000 □ 750,000	□ 5,000		□ 30/60 □ 50/100		00/600 50/750		\$1,000 \$2,500	
□ 250/500		□ 1,000,000	D		□ 100/300 □ 250/500		000/1000		\$3,500 \$5,000	
			DRI	/ER INI		<u>v</u>				
Driver Name			Date of Birth	Sex	Marital	Data I	Licensed*	Drivers Lid	onco #	Tickets/
				Sex	Status		Licenseu	Drivers Lic	.61136 #	Accidents?
1										
2										
<u>3</u>										
*Foreign drivers	s' license accep	otable	VEH	ICLE IN	FORMATIO	N				
Year Mak	e/Model	Vin #	Gross Ve	hicle	Current Va	alue A	Additional	Equipment		Garaging
	Weight Description & Value			Zip Code						
1					\$		\$			
2					\$		\$			
<u>3</u>					\$;	\$			
Radius of Opera	tions: 🛛 0-50 I	Miles 🛛 0-100 M	liles 🛛 0-200 Mile	es □0	-300 Miles	Entire	e State of	California		
		sive Deductible_ □\$1000 □\$2500			Vah 1.	1 ¢250		n Deductible	□\$2500	
Veh 1: □\$250 Veh 2: □\$250		□\$1000 □\$2500 □\$1000 □\$2500			Veh 1: Veh 2:	□\$250 □\$250	□\$500 □\$500			
Veh 3: □\$250		□\$1000 □\$2500			Veh 3:	□\$250	□\$500		□\$2500	
Roadside Assistance INO YES: S42 – 6 months S44 – 12 months										
Additional Insured/Waiver of Subrogation										
Additional insured/waiver of Sublogation Image: No										
MCP65 / MCS-90 / PUC Filing Needed INO I YES: MP65 MCS-90 PUC Filing										
Employers Non-ownership Liability										
Hired Car Coverage:										
DISCOUNT INFORMATION										
1. Month	s prior insuran	ce? Days I								
2. Does t	2. Does the client have a General Liability or Business Owners policy? (Proof must be sent to underwriting within 3 business days.									
No Accord forms accepted as proof must come from the issuing company or general agency.)										

3. Is the client willing to pay in full for a 10% discount? _____

ADDITIONAL DRIVER INFORMATION

	Driver Name	Date of Birth	Sex	Marital Status	Date Licensed*	Drivers License #	Tickets/ Accidents?
<u>4</u>							
<u>5</u>							
<u>6</u>							
<u>7</u>							
<u>8</u>							
<u>9</u>							

*Foreign drivers' license acceptable

ADDITIONAL VEHICLE INFORMATION

	Year	Make/Model	Vin #	Gross Vehicle Weight	Current Value	Additional Equipment Description & Value	Garaging Zip Code
<u>4</u>					\$	\$	
<u>5</u>					\$	\$	
<u>6</u>					\$	\$	
<u>7</u>					\$	\$	
<u>8</u>					\$	\$	
<u>9</u>					\$	\$	

Radius of Operations: 🗆 0-50 Miles 👘 0-100 Miles 🖾 0-200 Miles 🗖 0-300 Miles 🗖 Entire State of California

Comprehensive Deductible

Veh 4:	□\$250	□\$500	□\$1000	□\$2500
Veh 5:	□\$250	□\$500	□\$1000	□\$2500
Veh 6:	□\$250	□\$500	□\$1000	□\$2500
Veh 7:	□\$250	□\$500	□\$1000	□\$2500
Veh 8:	□\$250	□\$500	□\$1000	□\$2500
Veh 9:	□\$250	□\$500	□\$1000	□\$2500

Collision Deductible

Veh 4:	□\$250	□\$500	□\$1000	□\$2500
Veh 5:	□\$250	□\$500	□\$1000	□\$2500
Veh 6:	□\$250	□\$500	□\$1000	□\$2500
Veh 7:	□\$250	□\$500	□\$1000	□\$2500
Veh 8:	□\$250	□\$500	□\$1000	□\$2500
Veh 9:	□\$250	□\$500	□\$1000	□\$2500