

IJU Agency Ltd.

Commercial Auto Quick Quote Form

(Please fill out to the best of your ability.)

Name Insured: _____

Address: _____

Telephone #: _____ Email: _____ Fax: _____

PH #: _____ FEIN #: _____

Commodities Hauled:

Filings Required: None: _____ ICC: _____ DMV: _____ Other: _____

Radius:
0 – 100 Miles: _____ 101 – 200 Miles: _____ 201 – 300 Miles: _____ 301-500 Miles: _____

Do You Travel Interstate: _____

Driver(s) Information					
Name	Years Experience		# Of Accidents		

Equipment Information					
Year	Make	Body Type	GVW	Stated Value	Deductible

Trailer(s) Information					
Year	Make	Body Type	GVW	Stated Value	Deductible

Prior Insurance History

Policy Period (MM/YY)	Company Name	Liability Losses		Losses	
		Number	Amount	Number	Amount

Submitted By (Print): _____

Signature: _____