

# 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: \_\_\_\_\_