

## Commercial Auto - Quick Quote Questionnaire (3 Units or Less)

Agency:  
 Contact:  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email:

This questionnaire is for quote information only. Additional information may be required. A completed and signed application will be required upon binding.

Insured:  
 Garaging Location: \_\_\_\_\_ Zip: \_\_\_\_\_ Yrs. In Business: \_\_\_\_\_

Short Description of Operations:  
 Type of Cargo Hauled: \_\_\_\_\_ Any Hazardous? \_\_\_\_\_

Radius:  0-50  51-100  101-200  201-300  301+ Texas Only? \_\_\_\_\_

Largest Cities for Pick Up or Delivery:  
 Filings: \_\_\_\_\_ TxDOT Cert # \_\_\_\_\_ USDOT# \_\_\_\_\_ MC# \_\_\_\_\_

DESCRIPTION OF VEHICLES:

	Year	Make/Model	GVW/GCW	ACV	Deductible	Cargo Limit
1						
2						
3						

DRIVER INFORMATION:

	Name	Date of Birth	Violations/Dates	Yrs Experience Driving Like Unit
1				
2				
3				
4				

INSURANCE RECORD PAST 3 YEARS:

	Policy Period	Insurance Company	Losses	Premium Paid
1				
2				
3				

Limits Desired:

BI/PD \$
UM\$
PIP \$