

TELEPHONE :
(323) 771-0777



COMPLETE & FAX IT BACK TO:
FAX : (323) 771-9977

Commercial Auto - Speed Quote Indication

to quote up to 3 vehicles only. Attach sheet if more space is needed

GENERAL INFORMATION		<input type="checkbox"/> INDIVIDUAL		<input type="checkbox"/> CORPORATION		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> OTHER _____	
Name						Contact Telephone :			
Garaging Address			City			State		Zip Code	
Years in business :		Is this a NEW Venture ?		Annual Gross Revenue \$ _____		Any prior losses ? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Years prior insurance :		<input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, attach loss reports for ALL accidents in the past 3 years.			

DESCRIPTION OF OPERATIONS		<input type="checkbox"/> For hire		<input type="checkbox"/> Private		<input type="checkbox"/> Other _____			
List cities and states the applicant frequently travels : _____ _____									
Brief description of your operations : _____									
Radius of operations from garaging address :									
<input type="checkbox"/> 0-50 Miles (local)		<input type="checkbox"/> 51-200 Miles		<input type="checkbox"/> Other _____ Miles / States		<input type="checkbox"/> 11 Western States		<input type="checkbox"/> 48 States	

VEHICLES				
Year	Make	Model	Gross Vehicle Weight (GVW)	Value (\$)
1- _____/_____	_____/_____	_____/_____	_____/_____	_____/_____
2- _____/_____	_____/_____	_____/_____	_____/_____	_____/_____
3- _____/_____	_____/_____	_____/_____	_____/_____	_____/_____

TRAILER				
Year	Make	Model	Gross Vehicle Weight (GVW)	Value (\$)
1- _____/_____	_____/_____	_____/_____	_____/_____	_____/_____
2- _____/_____	_____/_____	_____/_____	_____/_____	_____/_____
3- _____/_____	_____/_____	_____/_____	_____/_____	_____/_____
Will you haul double or triple trailer ?			<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes : _____ double _____ triple

DRIVERS (all include owner(s))				
	Name	D.O.B.	CA License No.	Violations
1-	_____/_____	_____/_____	_____/_____	_____/_____
2-	_____/_____	_____/_____	_____/_____	_____/_____
3-	_____/_____	_____/_____	_____/_____	_____/_____

COVERAGES REQUESTED	
Auto liability <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> Other \$ _____	<input type="checkbox"/> No
Physical damage <input type="checkbox"/> No <input type="checkbox"/> Yes Deductible \$ _____	Uninsured Motorist coverage? <input type="checkbox"/> Yes
Indicate the vehicle(s) for which physical damage is requested: _____	
Cargo <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you need Refrigeration Breakdown? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes # of units : _____
Describe and show percent of ALL types of cargo hauled :	
Type of commodity _____ %	Type of commodity _____ %
_____ / _____	_____ / _____
Coverage on Non-owned Trailer(s) as follows:	
<input type="checkbox"/> Non-owned trailer physical damage per unit. \$ _____ # of units: _____	<input type="checkbox"/> Trailer interchange. Amount per unit \$ _____ # of units: _____
If available, please provide CA # _____ MC# _____ or DOT# _____	