

# COMMERCIAL AUTO QUICK QUOTE FORM

**Insure Plus 225-272-4004**

[info@InsPlus.net](mailto:info@InsPlus.net)

**PLEASE QUOTE AT YOUR EARLIEST CONVENIENCE**

Named Insured / Contact			
Mailing Address			
Phone - Fax	Phone	Fax	
SS#/Fed Tax ID #			
E-Mail / Web-Site			
Date Started and Exp.			
Business Organization		<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other -	
Requested Eff.Date			
Current Ins.Carrier	Effective Date	Expiration Date	Premium
Any losses in the last three years? <input type="checkbox"/> Yes (If Yes, details below) <input type="checkbox"/> No			
<b>***CRITICAL INFORMATION: Please be as detailed as possible***</b>			
Nature of Business/Description of Operations, Information on losses (if any):			

**PLEASE COMPLETE A COPY OF THIS PAGE FOR EACH AUTOMOBILE**

VEH #	YR	MAKE / MODEL / STYLE	VIN	GVW
1				
2				
3				
4				
5				
DRIVER NAME	DOB	DR. LICENSE	TICKETS / ACCIDENTS	
1				
2				
3				
4				
5				
Liability Limits	<input type="checkbox"/> \$1,000,000 CSL <input type="checkbox"/> \$500,000 CSL <input type="checkbox"/> \$300,000 CSL <input type="checkbox"/> \$100,000			
Uninsured Motorists	<input type="checkbox"/> \$1,000,000 CSL <input type="checkbox"/> \$500,000 CSL <input type="checkbox"/> \$300,000 CSL <input type="checkbox"/> \$100,000			
Comp / Coll. Veh? _ _ _ _	<input type="checkbox"/> \$500/500 <input type="checkbox"/> \$1000/1000 <input type="checkbox"/> \$1,000/2,500 <input type="checkbox"/> Other \$ _____ / _____			
<b>Other Coverages</b>	<input type="checkbox"/> \$ _____ Med Pay <input type="checkbox"/> \$ _____ Towing <input type="checkbox"/> \$ _____ Rental			
<b>Additional Coverages:</b>				
<input type="checkbox"/> Hired and Non-Owned Auto Liability		<input type="checkbox"/> Radius of Operation 50 / 200 / 300 / 500+ mi.		
<input type="checkbox"/> Any Industrial or Marine Exposure? _ _		<input type="checkbox"/> Any Special Equipment? _____ \$ _____		
<b>OTHER Coverage &amp; limits requested</b>		WC, Auto, Lien holders/ loss payees		