



Commercial Auto Quote Information Sheet

This questionnaire is for information purposes only. All questions must be answered completely to provide a quote.

Date:			
Agency:			
Agent:			
Phone Number:	()	-	ext
	Fax Number:	()	-
Mailing Address:			
Email Address:			

GENERAL INFORMATION	
Name of Business:	
Owner's First Name:	
Owner's Last Name:	
Email Address:	
Mailing Address:	
Have you moved in the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Previous Address:	
Social Security Number*:	

*Credit will be pulled for quoting

Entity Type (Check One):	Individual <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Business Description:			
Years in Business:			
Any Bankruptcies or Liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DRIVER INFORMATION								
Name	DOB	Driver Number	State	Gender	Marital Status	Class/Type (i.e. CDL)	Years Licensed (in Class/Type)	State Filing (i.e. SR-22)
1.								
2.								
3.								
4.								
5.								

DRIVER INFORMATION (Continued)								
No. Years Driving Experience	Date of Hire	Accidents and Minor Moving Traffic Violations in Past 5 Years				Major Convictions (DWI/DUI, Hit & Run, Manslaughter, Reckless, Driving While Suspended/Revoked, Speed Contest, other felony)		Owner & Driver (O/D), Employee & Driver (E/D), Temp Driver (T/D), Relative & Driver (R/D)
		No. of Accidents	Date(s)	No. of Violations	Date(s)	Describe Conviction	Date (s)	
1.								
2.								
3.								
4.								
5.								

VEHICLE INFORMATION								
VIN	Vehicle Category (Trailer, PU/Van/SUV), Comm Truck, PPT)	Vehicle Type (Dump Truck, PU, Flatbed, etc)	Make	Model	GVW	Radius	# Jobsites Per Day	

VEHICLE INFORMATION (continued)				
Stated Amount (Including permanently attached equipment)	State	Garaging Zip Code	Primary Use: Business, Personal, or Both	Lienholder

PRIOR COVERAGE INFORMATION	
Continuous Coverage (Check One):	<input type="checkbox"/> 12 months or more on Commercial Vehicle Policy with no lapse in coverage <input type="checkbox"/> 12 months or more on Personal Vehicle Policy with no lapse in coverage <input type="checkbox"/> 6 months or more on Commercial Vehicle Policy with no lapse in coverage <input type="checkbox"/> 6 months or more on Personal Vehicle Policy with no lapse in coverage <input type="checkbox"/> Less than 6 months on any policy or policies with a lapse in coverage <input type="checkbox"/> No prior insurance coverage
Prior Insurance Company:	
Prior BI Coverage:	
Prior Expiration Date:	

LOSS EXPERIENCE INFORMATION – Provide prior insurance carriers information for past full three years										
Policy Term		Insurance Company Name	No. of Motor Powered Vehicles	No. of Accidents	Premium		Total Amount Claims Paid and Reserves			
From	To				Liab	Phys Dam	BI	PD	Comp/ Coll	Other

ADDITIONAL INFORMATION	
Does the applicant need a Form E filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Additional Insureds:	
Is the applicant a member of a trade association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please write name(s):	
How many individuals does the business employ?	
How many of the individuals employed by the business drive the vehicles listed on this policy?	
Does the applicant operate over a regular route?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant under contract to haul for a single firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant haul his/her own cargo exclusively?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there additional drivers with access to the vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have an active GMAC credit card, GMAC mortgage/auto loan, auto lease, GMAC employee, or other affiliation with GMAC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	

COVERAGE INFORMATION (Limits)	
Bodily Injury/CSL:	
Property Damage:	
Medical Expense:	
Uninsured/Underinsured BI:	
Hired Auto:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Owned Liability:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive Deductible	
Collision Deductible:	
Rental Reimbursement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roadside Assistance	<input type="checkbox"/> 75 <input type="checkbox"/> 100
Income Loss:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment Options (Choose One)Pay In Full25% Down, 3 Payments25% Down, 6 Payments20% Down, 9 Payments15% Down, 9 Payments10% Down, 10 Payments**Billing Method (Choose One)**Direct BillAuto Pay - Checking/SavingsAuto Pay - Credit Card**Term (Choose One)**6 Months12 Months