

Commercial Auto Quote Form

1st Auto Agent
 Lead Referral
 Mutual Agent

Name		Mutual	
Address		Agency	
		Agent	
County			
Phone #		Phone #	
Business Phone		Fax	
E-mail		E-mail	

HOUSEHOLD INFORMATION

Dr #	Driver's Names	Sex	Marital Status	Relation	Date of Birth	SR-22 Needed	Soc. Sec.# or FEIN#
1							
2							
3							
4							

Dr #	License #	State	License Status	Claims/Accidents/Violations (last 5 yrs.)	Date	Claim Amount
1						
2						
3						
4						

Currently insured <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of business
If yes, with whom	
Eff. date Exp. date	
Current BI/PD limits	
Continuous coverage for at least 1 yr. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any state/federal filings <input type="checkbox"/> yes <input type="checkbox"/> No	
No. of additional Insureds	Organization type
No. of Waivers of subrogation	

VEHICLE INFORMATION

#	Vehicle Year	Make	Model	VIN #	Use	Stated Amount	Garage # Zip
1							
2							
3							
4							

Vehicle Type	Type of Hitch	GVW	Cargo Coverage
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				Amount Desired
1				
2				
3				
4				

Any vehicles primarily used to haul goods for others: _____

Radius of operation: _____

Leins on vehicles or additional insured: Yes No If yes, list vehicle #, name, and address: _____

Other insurance: Yes No If yes, list company: _____

Mutual Policy: Yes No Quoted: Yes No

Policy number and type: _____

COVERAGES

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
BI				
PD				
MED				
UM				
UIM				
OTC				
COLL				
ON-HOOK				
NON-TRUCK BIPD				
ADDITIONAL LINES				

How do you want named insured listed on policy?

First/Last Name _____ or Business Name _____

I have read the following paragraph to the applicant and they have given permission to continue:

I give the WRC Agency permission to collect information from consumer reporting agencies such as driving records, claims, and credit history reports. I understand that while I am currently just trying to obtain a quote on insurance, future reports may be used to update or renew coverage should a policy be purchased. I give permission for a representative from the WRC Agency to contact me to review this information and provide me with a quote on insurance.

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Signed by: Agent

Permission given by:

Date

Additional information:
