

COMMERCIAL AUTO QUICK QUOTE

FAX BACK TO Nanette @ 972-681-7601 OR Email @ nanetteabbruzzese@mulleninsurance.com

Contact Person: _____ Email: _____

Fax Number: _____ Office Number: _____

Named Insured: _____ City: _____ County: _____ State: _____

Specific Description of Operations: _____

	Vehicles Description Including Make/Model	GVW (Gross Vehicle Weight)	Radius of Operations (in miles)	Comp / Collision	
				Cost New	Deductible
1.					
2.					
3.					
4.					

Limits of Liability (CSL):

55,000 100,000 300,000 500,000 1,000,000

Uninsured/Underinsured Motorists (CSL): 55,000 100,000 REJECTED

Personal Injury Protection: 2,500 5,000 REJECTED

Medical Payments: 2,500 5,000 REJECTED

ALL THE FOLLOWING QUESTIONS MUST BE ANSWERED TO RECEIVE A QUOTE:

- 1) How many years in business? _____ How many years prior insurance? _____ Claims? _____
- 2) Cargo coverage needed? _____ What amount? _____ Please state specifically what the cargo is: _____
- 3) Attached contractor's equipment coverage needed? _____ What amount? _____ and what specifically is the equipment: _____
- 4) Any TXDOT filing required? _____ Any Autos used by utility companies such as gas, electric, water, etc? _____ Any city, county, or government owned autos? _____
- 5) Any drivers under the age of 21? _____ How many drivers 72 or older? _____ Any tickets/violations or accidents in the past 3 years for any drivers? _____ and if yes, please describe what type of violation and give dates: _____

NO MARKET FOR TOW TRUCKS, SAND & GRAVEL TRUCKS OR TRUCKS OVER 26,000 GROSS VEHICLE WEIGHT (GVW)