

COMMERCIAL AUTO - PREMIUM INDICATION ONLY

CLIENT NAME: _____	TEL #: _____
ADDRESS: _____ (CORP/IND/PSHP/OTHER: _____)	
CITY, ST, ZIP: _____	
LOSS HISTORY: POOR / GOOD / EXCELLENT / DRIVERS HISTORY: POOR / GOOD / EXCELLENT	

COVERAGE

OPTIONAL BI - LIMIT	: 20/40	100/300	250/500	500/500	500 CLS	1M CSL	BI/PD DED:
PIP	: \$8,000	DED:					
UNINSD/UNDERINSD	: 20/40	100/300	250/500	500/500	500 CLS	1M CSL	
MEDICAL PAYMENTS	: \$5,000	\$10,000	\$25,000				
HIRED LIABILITY	: YES / NO						
HIRED PHYS DMG	: YES / NO	DED:					
NONOWNED LIABILITY:	YES / NO	# EMPLOYEES:					
DOC COV'G	: YES / NO	# INDVS:			PHYS DMG: YES / NO		
OTHER:							

VEHICLES

YEAR	MAKE	MODEL	C/N	GVW	CLASS	GARAGING	COMP	COLL	RTL	TOW

Brief Description of Operations: _____

Are vehicles Local / Intermediate / Long Haul? _____

Are any vehicles leased? If yes, which vehicles and length of lease? _____

What will be carried in any of the above vehicles? _____

Will any of the above vehicles be used to haul for others? _____

If so, what will be hauled? _____

Do operations involve transporting any hazardous materials? _____

Will there be a written contract? If not, why? _____

*Will any of the above vehicles travel out of state? _____

If so, will ICC Filings be required? _____

If so, will DPU Filings be required? _____

If Filings are required, why? _____

*If answer is yes, FULL Submission required, including supplemental ICC Application.