

Business Auto/Public Transportation Quick Quote

Please type in your answers, print and fax to (918) 336-4842.



Agency Information:

Agent Code: _____ Agent Name: _____ State: _____
 Contact Person: _____ Phone #: _____ Fax #: _____
 Email address: _____

Insured Information:

Desired Effective Date: _____
 Insured Name: _____ Owner's Name: _____
 Address: _____ Owners' Social Security #: _____
 City: _____ State: _____ Zip: _____
 Insured DOT#: _____
 Insured MC#: _____
 Other State Filings (Please provide ID#'s, if applicable): _____ Years in Business: _____
 States Entered: _____ Does the insured do Double or Triples: Yes No
 Major Cities Driving To/Through: _____

Prior Carrier Info for the past 3 years:

Year	Company Name	Policy Number	Loss (Y/N)	Details	Driver Involved

Description of Operation: _____ Current Pricing: _____

Driver Information:

Driver Name	Date of Birth	License Number	State	Date Hired	# of Yrs Driving Similar Equip.	Last 3 years Violations	# of Accidents

Vehicle Information:

Year	Make	Model	Veh Type	Seating Capacity/GVW	Present Value	Radius Miles	Vehicle Owner

Coverages:

Auto Liability

Limits:

Combined Single Limit (BI/PD) \$ _____ CSL
 Split Limits BI \$ _____ per person \$ _____ per accident PD \$ _____ each accident
 Hired Auto Liability *Estimated Cost of Hire* _____ Employers Nonownership Liability (# of employees) _____

Physical Damages:

Deductibles:
 Comprehensive OR \$ _____
 Specified Perils \$ _____
 Collision \$ _____

Cargo
 Limit \$ _____ Deductible \$ _____

Uninsured Motorist
 Limits \$ _____
 Medical Payments
 Limits \$ _____
 Underinsured Motorists
 Limits \$ _____

Commodities Transportated:

Commodity	% of Load	Avg. Value	Max. Value