

COMMERCIAL AUTO - QUICK QUOTE SHEET - FLORIDA

Insured Name: Individual Corporation

Mailing Address:

Agency Name: Email:

Garage Zip Code: Fax Number:

Description of operations and use of vehicle(s)

Vehicle Schedule (attach list of additional vehicles)

01 Year: Make: Model: VIN:

GVW: up to 10,000 lbs up to 20,000 lbs up to 44,000 lbs

Radius: Local Use: Intermediate

USE: Service Retail Commercial

Physical Damage OCN: Comp Ded: 500 1,000 Coll Ded: 500 1,000

02 Year: Make: Model: VIN:

GVW: up to 10,000 lbs up to 20,000 lbs up to 44,000 lbs

Radius: Local Use: Intermediate

USE: Service Retail Commercial

Physical Damage OCN: Comp Ded: 500 1,000 Coll Ded: 500 1,000

Driver Schedule (attached list of additional drivers)

#	Driver Name	DOB	D/L	Violations / Claims
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

*Provide details on violations or claims

Coverage Requested:

<p>Liability</p> <p>Split limits</p> <p><input type="radio"/> 10/20/10 <input type="radio"/> 25/50/25 <input type="radio"/> 50/100/50 <input type="radio"/> 100/300/50 <input type="radio"/> 100/300/100</p> <p>CSI</p> <p><input type="radio"/> 50,000 <input type="radio"/> 100,000 <input type="radio"/> 300,000 <input type="radio"/> 500,000 <input type="radio"/> 1,000,000</p>	<p>Uninsured Motorist</p> <p>Split limits</p> <p><input type="radio"/> 10/20/10 <input type="radio"/> 25/50/25 <input type="radio"/> 50/100/50 <input type="radio"/> 100/300/50 <input type="radio"/> 100/300/100</p> <p>CSI</p> <p><input type="radio"/> 50,000 <input type="radio"/> 100,000 <input type="radio"/> 300,000 <input type="radio"/> 500,000 <input type="radio"/> 1,000,000</p>	<p>Medical Payments</p> <p><input type="radio"/> 1,000 <input type="radio"/> 5,000</p> <p>Prior Insurance: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Prior Losses: <input type="radio"/> Yes <input type="radio"/> No</p>
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NOTES:

SUBMIT FORM