



COMMERCIAL AUTO – QUICK QUOTE QUESTIONNAIRE (4 UNITS OR LESS)

INSURED: _____

DBA: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

INSURED'S PHONE NUMBER: _____

PHYSICAL ADDRESS IF DIFFERENT THAN THE ADDRESS SHOWN ABOVE:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DESCRIPTION OF OPERATIONS:

ORGANIZATION TYPE:

EIN#: _____

HOW MANY YEARS IN BUSINESS: _____

HAS THE INSURED HAD PRIOR AUTO INSURANCE FOR THE LAST YEAR WITH NO LAPSE IN COVERAGE: YES NO

CURRENT AUTO LIABILITY LIMIT: _____

DOES THE INSURED HAVE GENERAL LIABILITY COVERAGE: YES NO

HOW MANY ADDITIONAL INSUREDS: _____

HOW MANY WAIVERS: _____

TYPE OF CARGO HAULED: _____

RADIUS:

FILINGS: YES NO

TYPE: **TXDOT:** _____ **ICC:** _____ **DOCKET #:** _____

