

Basic information we will need for a quote.

Organization Type:

- Individual/Sole Proprietorship
- Partnership
- Corporation

Insured's name* _____ EIN _____

SS# _____ Date of birth ____/____/____

Home address _____

* Financial Responsibility will be ordered on all risks. For a corporation or partnership, use the name of the President, CEO or partner responsible for the daily operations of the business.

Prior insurance carrier _____ Bodily Injury Limits _____

Inception/effective date _____ Cancel/expiration date _____

Additional insureds listed _____

Waivers of Subrogation required _____

Vehicle information

Year _____ Make _____ Model _____ Value _____

Permanently attached equipment value _____

Driver information

Age _____ Birthdate ____/____/____ Marital status _____

Driver's license number _____

Accidents in past 35 months _____

Date CDL issued _____

Violations in past 35 months (list violation and date) _____

Filings required? (list type) _____

Progressive charges \$20 for each Additional Insured (AI) on an annual policy, \$15 per AI on a six-month policy, and \$25 for each Waiver of Subrogation.