

## Commercial Auto Quote Form

Business Name: \_\_\_\_\_

Type of Entity: \_\_\_\_\_ \*corp, sole proprietor, partnership, other

Address: \_\_\_\_\_

Drivers:	Name	Date of Birth	DL #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

\*fax additional driver/vehicle information to 906-774-8591

Vehicle:	Make	Model	Veh. ID #	Cost New
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Liability Limit Desired: \_\_\_\_\_

Comprehensive/Collision Deductible Desired: \_\_\_\_\_ / \_\_\_\_\_

3 year summary of paid claims: \_\_\_\_\_

Business Description \_\_\_\_\_