



COMMERCIAL AUTO QUOTE

Business Name: _____
(LLC, Individual, Partnership, Corp, Other)

First Name Insured: _____

Address: _____ Business Phone: _____
 _____ Cell Phone: _____

Line of Business: _____

Current insurance carrier: _____

How long with present insurance: _____

How did you hear about us? _____

Liability Limits: 500,000 Comb. Single Limit 1,000,000 Comb. Single Limit

Comp Deductible: 250 500 1,000

Collision Deductible: 250 500 1,000

Any Tickets/Accidents/Violations (please describe):

VEHICLE INFORMATION

YEAR	MAKE	MODEL	VIN#	FULL COVERAGE	LIABILITY COVERAGE	USE OF VEHICLE

(continued from page 1)

DRIVER INFORMATION

DRIVERS' NAME	LICENSE #	DOB	WGT OF VEHICLE	COST NEW

In order to process a commercial auto quote you will need to submit the following:

- Prior Declaration pages from previous insurance carrier
- Loss History
- Any additional driver and vehicle information that does not fit in the space above

Please note this is an in office form for The Piedmont Group and for file purposes only

Fax or e-mail completed forms to (301) 865-9033 or info@tpgins.net.