

QUOTE SHEET—COMMERCIAL AUTO

Organization Type: Individual/Sole Proprietorship
 Partnership Corporation

Company Website: _____

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 _____ BI limits _____

Inception/effective date _____ Cancel/expiration date _____

Has customer ever been insured by Progressive? Yes No

Additional insureds listed _____

Waivers of Subrogation required _____

NOTE: We charge \$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.

Business Information	
Business type <i>(e.g., plumber, landscaper, gravel hauler)</i>	
Year current business was established	
Does insured have a GL or BOP policy?	Yes No
USDOT Number and date issued?	
Is customer required to maintain hours of service records using an electronic logging device (ELD)?	Yes No

Vehicle Information	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Year/Make/Model				
Vehicle type				
Vehicle Identification Number (VIN)				
Passenger capacity or # of axles <i>(for tow trucks, vans, buses ONLY)</i>				
Gross Vehicle Weight (if no VIN)				
Trailer hitch?	Yes No	Yes No	Yes No	Yes No
Use of vehicle/goods hauled/# sites per day				
Any personal use?	Yes No	Yes No	Yes No	Yes No
Garaging zip code				
Total stated amount <i>(includes permanently attached equipment)</i>				
Radius of operation	50 100 200 300 500 Unlimited	50 100 200 300 500 Unlimited	50 100 200 300 500 Unlimited	50 100 200 300 500 Unlimited
Driver Information	Driver #1	Driver #2	Driver #3	Driver #4
Driver's license number				
Age and marital status	___ yrs. M or S	___ yrs. M or S	___ yrs. M or S	___ yrs. M or S
Accidents in past 35 months				
Date CDL issued				
Violations in past 35 months <i>(list violation and date)</i>				
Filings required? (list type)				
Coverages—Limits/Deductibles	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
BI/IPD				
UM/UIM				
PIP				
Medical Payments				
Comprehensive or F&T w/CAC				
Collision				
Motor Truck Cargo				
Motor Truck Cargo Refrigeration Breakdown				
Non-Trucking/Contingent Liability				
Any Auto				
Non-Owned (include # of employees)				
Hired Auto (include annual cost)				
On-Hook Towing				
Garagekeepers Legal Liability				
Trailer Interchange (include # of trailers)				
Drive Other Car—Broadform				
Rental Reimbursement				
Roadside Assistance				