

# EL TRIUNFO



Financial & Insurance Services

## COMMERCIAL AUTO QUOTE SHEET

License #: 0G29333

Date: \_\_\_\_\_

Prospect's Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Garaging Zip Code: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

### Vehicle /Trailer Descriptions:

1. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Unladen Wt,CGW: \_\_\_\_\_

Vehicle ID No. \_\_\_\_\_ Radius: \_\_\_\_\_

2. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Unladen Wt,CGW: \_\_\_\_\_

Vehicle ID No. \_\_\_\_\_ Radius: \_\_\_\_\_

3. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Unladen Wt,CGW: \_\_\_\_\_

Vehicle ID No. \_\_\_\_\_ Radius: \_\_\_\_\_

### Drivers

1. Name as it appears on DL: \_\_\_\_\_ DOB: \_\_\_\_\_ Tickets \_\_\_\_\_ ACCS \_\_\_\_\_

Dr. License No.: \_\_\_\_\_

2. Name as it appears on DL: \_\_\_\_\_ DOB: \_\_\_\_\_ Tickets \_\_\_\_\_ ACCS \_\_\_\_\_

Dr. License No.: \_\_\_\_\_

3. Name as it appears on DL: \_\_\_\_\_ DOB: \_\_\_\_\_ Tickets \_\_\_\_\_ ACCS \_\_\_\_\_

Dr. License No.: \_\_\_\_\_

Filings Needed: CA \_\_\_\_\_ MCC \_\_\_\_\_ DOT \_\_\_\_\_ PUC \_\_\_\_\_

### Important Questions:

How long in business: \_\_\_\_\_

How long previously insured: \_\_\_\_\_

Any lapse in coverage: Y N If yes how long: \_\_\_\_\_ Why: \_\_\_\_\_

Previous Insurance Co. Name: \_\_\_\_\_

Any losses reported in the last three years: Y N

### Coverage's requested:

Liability: 15/30/10, 25/100/50 (for <10,000CGW) 750,000, 1,000,000.

Medical Payment: \$ \_\_\_\_\_

Uninsured Motorist BI \$ \_\_\_\_\_ Uninsured motorist PD \$ \_\_\_\_\_

Collision: \$ \_\_\_\_\_ Comprehensive: \$ \_\_\_\_\_

Specified Perils: \$ \_\_\_\_\_ General Liability: \$ \_\_\_\_\_

Cargo: \$ \_\_\_\_\_ Truck Interchange: \$ \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Information Collected by: \_\_\_\_\_

Referred By: \_\_\_\_\_