

Information Needed To Quote Commercial Auto Insurance



**DIMENSIONS
INSURANCE
GROUP**

Quotes Requested: AL P/D Cargo GL NTL

Other: _____

Currently Insured: No Yes (If Yes, Years Insured _____)

Current Insurer: _____ Policy #: _____ Eff. Date: _____

Client Name _____ Referrer _____

Company Name _____ DOT/MC # _____

Address _____ City _____

State _____ Zip _____ Phone _____ C H

Fax _____ Email Address _____

S.S. # or FEIN # _____ Year Business Started _____ Payroll _____

Vehicle Info:

1.) Year _____ Make _____ Type _____ GVW _____

VIN # _____ Stated Amount _____

2.) Year _____ Make _____ Type _____ GVW _____

VIN # _____ Stated Amount _____

Radius of Operation (%): Local 50 – 100 101-300 301 – 500 500+

Driver Information:

1.) Name _____ DOB _____ Marital _____

DL # _____ State _____ CDL Issue Date _____ Years Experience _____

2.) Name _____ DOB _____ Marital _____

DL # _____ State _____ CDL Issue Date _____ Years Experience _____

Cargo Hauled (% and \$): Auto Parts _____, Dry Goods _____, Canned Goods _____,
Paper Products _____, Lumber _____, Steel _____, General Freight _____, Other _____.

Cities Entered: _____

Notes & Other Info: _____