

1-5 Unit Public Auto Quote Sheet

All questions must be answered.

Insured Information								
Name: _____								
Address: _____								
City: _____						Effective Date: _____		
State: _____		Zip: _____		Operation Information				
Agent Information		1. Description of Operation: _____						
Agency: _____		2. Do you haul for hire? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Contact: _____		3. Is business for profit? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Telephone: _____		3. Has insured been cancelled or non-renewed in last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Fax: _____		4. Number of years in business? _____						
		5. Is transportation of people your primary business? Yes <input type="checkbox"/> No <input type="checkbox"/>						
		6. Do you operate in more than one state? Yes <input type="checkbox"/> No <input type="checkbox"/>						
		7. Filings needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Docket# _____ MDOT Cert? Yes <input type="checkbox"/> No <input type="checkbox"/>						
		8. Will policy cover all vehicles owned, operated or under lease to the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>						
		9. Covered by Workers Compensation? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Driver Information (please attach MVR's)								
Name		DOB	License Type	State	Hire Date	Yrs Exp.	Violations	Accidents
Vehicle Information								
	Year	Make	Body Type	# of Seats	Value	Radius	Wheelchair	Stretch Length
Veh. 1								
Veh. 2								
Veh. 3								
Veh. 4								
Veh. 5								
Veh. 6								
Veh. 7								
Veh. 8								
Prior Carrier & Loss Information (past 3 years)								
Policy Dates		Company		Policy #		Premium Amount	Num. of Claims	Total Paid & Res
Coverages & Limits								
Liability:				Specialty Class Questions				
Auto Liability Limit _____								
Uninsured Motorist _____								
Underinsured Motorist _____								
Pers. Injury Protection _____								
Medical Payment _____								
Mini Tort Yes <input type="checkbox"/> No <input type="checkbox"/>								
Other _____								
Physical Damage								
<input type="checkbox"/> SP								
<input type="checkbox"/> Comp								
<input type="checkbox"/> Collision								
Deductible: _____								
MICHIGAN:				Limited <input type="checkbox"/>	Regular <input type="checkbox"/>	Broadened <input type="checkbox"/>		
							Yes	No
				1. Are limousines (sedan, SUV, other) stretched?			<input type="checkbox"/>	<input type="checkbox"/>
				If yes, complete stretch length info above.				
				2. Do any vehicles have meters?			<input type="checkbox"/>	<input type="checkbox"/>
				3. Are all trips pre-arranged?			<input type="checkbox"/>	<input type="checkbox"/>
				4. Are vehicles used for personal use?			<input type="checkbox"/>	<input type="checkbox"/>
				If so, what % of the time?				
				5. Taxi – Are you an owner/operator?			<input type="checkbox"/>	<input type="checkbox"/>
				6. Daycare – Operated by religious organization?			<input type="checkbox"/>	<input type="checkbox"/>
				7. Limos – What % of time do you go to the airport?				