



COMMERCIAL AUTO "QUICK QUOTE" FORM

submissions.leicht@rpsins.com

FAX 281.496.7894

Date _____ Effective Date _____

Producer Name _____ Producer Phone # _____

Applicant _____

Address _____ City/State/Zip _____

Business Description _____

Radius of Operations: 0-50 [] 50-100 [] 100-200 [] 201-300 [] 300+ [] Actual Radius _____

States Entered: _____

Largest Cities/Percentage entered: City: _____ % _____ City: _____ % _____

City: _____ % _____ City: _____ % _____ City: _____ % _____

Commodity Hauled & percentage of time hauled (must equal 100%)

Commodity _____ % _____ Commodity _____ % _____ Commodity _____ % _____

Commodity _____ % _____ Commodity _____ % _____ Commodity _____ % _____

Does Applicant haul his own goods? [] Yes [] No Business Start Date: _____

Previous Carrier(s): _____

Losses. [] None: [] Loss runs attached (Provide currently dated hard copy loss runs for past 3 years)

Filings: [] MC# _____ [] TXDOT # _____ [] Other _____

Limits of Liability: _____ PIP Limits _____ UM Limits: _____

Cargo Limit _____ Reefer Coverage? [] Yes [] No Water Damage/Tarp Coverage: [] Yes [] No

Physical Damage [] Yes [] No Deductible: _____

Table with columns: Year, Make, Unit type Truck/Tractor, Trailer Type (Dry Van, Flatbed, etc), GVW/Seating, Stated Value

Table with columns: Driver Name, DOB, # of Years CDL Experience, Date of Hire, License #

ATTACH ADDITIONAL VEHICLE/DRIVER SCHEDULE WITH REQUIRED INFORMATION IF NEEDED.

MAIN: 281.496.1100 TOLL: 800.237.8593 FAX: 281.496.7894