

# INTERSTATE INSURANCE

## COMMERCIAL AUTO QUICK QUOTE (1-4 UNITS ONLY)

PHONE: (814)255-7878 FAX: (814)255-6010

[submissions@interstate-insurance.com](mailto:submissions@interstate-insurance.com)

TARGET PRICING (Required)

\$ \_\_\_\_\_

AGENCY: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ DBA \_\_\_\_\_

PROPOSED EFFECTIVE DATE: \_\_\_\_\_ NAME OF OWNER \_\_\_\_\_ # YEARS IN BUSINESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GARAGING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

D.O.T. NUMBER \_\_\_\_\_ FEDERAL FILING? \_\_\_\_\_ STATE FILING? \_\_\_\_\_ (If yes, list states requiring filings) \_\_\_\_\_

### BREAKDOWN OF TRANSPORTATION SERVICE PROVIDED (Number Vehicles and Percent of Trips):

AIRPORT BUS _____ %	COURTESY BUS _____ %	LUXURY SEDAN/CORP _____ %	TAXI _____ %
AIRPORT LIMO _____ %	DAY CARE _____ %	PARATRANSIT _____ %	TROLLEY BUS _____ %
AIRPORT SHUTTLES _____ %	EMPLOYEE TRANSP _____ %	PARTY BUS _____ %	URBAN BUS _____ %
AMATEUR SPORT TEAM _____ %	GAMBLING/CASINO _____ %	PHYSICALLY IMPAIRED _____ %	VAN POOLS _____ %
AMBULANCE _____ %	HOTEL/MOT COURTESY _____ %	PRISONER TRANSP _____ %	OTHER _____ %
ATHL & ENTERTAINERS _____ %	INTER CITY BUS _____ %	RAILROAD WORKER _____ %	(explain) _____
CHARTER BUS _____ %	KIDDIE CAB _____ %	SCHOOL BUS _____ %	_____
CHURCH BUS _____ %	LIMOUSINE _____ %	SIGHTSEEING BUS _____ %	_____

### PERCENT RADIUS OF OPERATION:

0-25 MILES \_\_\_\_\_ % 26-50 MILES \_\_\_\_\_ % 51-75 MILES \_\_\_\_\_ % 76-100 MILES \_\_\_\_\_ % 101-300 MILES \_\_\_\_\_ % 301+ MILES \_\_\_\_\_ %

LIST ALL STATES IN WHICH VEHICLES OPERATE: \_\_\_\_\_

FOR ALL STATES, LIST LARGEST CITIES ENTERED: \_\_\_\_\_

FOR ALL STATES, LIST FARTHEST CITY ENTERED FROM GARAGING LOCATION: \_\_\_\_\_

HAS ANY INSURANCE COMPANY CANCELLED OR NONRENEWED APPLICANT'S POLICY IN THE LAST THREE YEARS?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

ARE ALL VEHICLES REGISTERED AND OWNED BY THE NAMED INSURED?  YES  NO

DOES THE INSURED ALLOW ANY VEHICLES NOT OWNED/TITLED TO THEM TO OPERATE UNDER THEIR AUTHORITY?  YES  NO

DOES APPLICANT CURRENTLY OPERATE USING OWNER/OPERATORS?  YES  NO

IS THERE PERSONAL USE OF VEHICLES?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

ARE ANY TRIPS ARRANGED THRU A TRANSPORTATION NETWORK COMPANY (RIDESHARING) SUCH AS UBER, LYFT, SIDECAR, ETC?  YES: \_\_\_\_\_ %  NO

WHAT PERCENTAGE OF TRIPS ARE ARRANGED AT LEAST 24 HOURS IN ADVANCE? \_\_\_\_\_ %

IS ALCOHOL AVAILABLE IN YOUR VEHICLE?  YES  NO IF YES, IS IT PROVIDED BY THE INSURED? \_\_\_\_\_

PROVIDE INSURED'S WEBSITE OR MARK N/A: \_\_\_\_\_

**DRIVERS AND VEHICLES TO QUOTE.** IT IS IMPORTANT TO ADVISE THE APPLICANT(S) THAT QUOTES ARE BASED ON INFORMATION PROVIDED HERE. IF ANY DISCREPANCIES EXIST, ADDITIONAL PREMIUM(S) CAN BE IMPOSED OR CANCELLATION MAY RESULT.

### DRIVER INFORMATION:

DRIVER	DATE OF BIRTH	LICENSE NUMBER	YRS EXP	STATE	DATE OF HIRE

### VEHICLE INFORMATION:

MODEL YEAR	MAKE	MODEL	VEHICLE ID #	SEATING CAPACITY	STATED VALUE	RADIUS	LENGTH OF STRETCH	COACHBUILDER* (Y/N)	LIFT WHEELCHAIR/SCOOTER OR RAMP (Y/N)	Stretcher (Y/N)

\*Coachbuilder required for all limousines stretched over 120".

### COVERAGES AND LIMITS:

- AUTO LIABILITY
- CSL \$ \_\_\_\_\_
  - SPLIT LIMITS:
    - BI \$ \_\_\_\_\_ PER PERSON
    - \$ \_\_\_\_\_ PER ACCIDENT
    - PD \$ \_\_\_\_\_ PER ACCIDENT
- PHYSICAL DAMAGE
- UNINSURED/UNDERINSURED \$ \_\_\_\_\_
  - COMPREHENSIVE Deductible: \$ \_\_\_\_\_
  - PIP \$ \_\_\_\_\_
  - MEDICAL PAYMENTS \$ \_\_\_\_\_
  - OR -
  - HIRED AUTO LIABILITY
  - SPECIFIED PERILS
  - COLLISION \$ \_\_\_\_\_
  - NON-OWNERSHIP LIABILITY
- GENERAL LIABILITY: GENERAL AGGREGATE: \$ \_\_\_\_\_ PER OCCURRENCE: \$ \_\_\_\_\_ SQ FT: \_\_\_\_\_

**ANSWER ALL QUESTIONS TO AVOID DELAY IN QUOTING. FOR QUOTE ONLY: SIGNED COMPANY APPLICATION REQUIRED TO BIND. MUST HAVE FOUR (4) YEARS CURRENTLY VALUED, HARD COPY COMPANY LOSS RUNS AND CURRENT MVRs FOR ALL**