



Commercial Auto Quote Information Sheet

Business Name: _____

Owner's Name: _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

Current Insurance Co.: _____ **Expiration Date:** _____

Garaging Address: _____ **Years in Business:** _____

Radius of Operation (Miles): 50 200 500 1000 Other: _____

Product Hauled: _____ **Claims:** _____

PUC/CA #: _____ **ICC #:** _____

Other States Needing Filings: _____

Truck Liability Limits Needed: _____ **Uninsured Motorist:** _____

Comp Deduction: _____ **Collision Deduction:** _____

Cargo Limit: _____ **Cargo Deduction:** _____

Equipment Schedule:

#	Year	Make	Type	GVW	I.D. #	#AX	Value
1							
2							
3							

Drivers:

#	Name	License #	D.O.B.	Yrs Lic	Yrs Empl.
1					
2					
3					

Easton Office
5722 South Elm Ave.
Fresno, CA 93706
(559) 268-8813
(559) 486-7036 Fax

Napa Office
4219 Solano Ave
Napa, CA 94558
(707) 226-9314
(707) 226-5983 Fax

Redding Office
2854 Park Marina Dr.
Redding, CA. 96001
(800) 400-0435
(530) 241-1642 Fax

San Rafael Office
101 "H" Street
San Rafael, CA 94901
(415) 459-8890
(415) 459-0699 Fax

Scotts Valley Office
5353 Scotts Valley Dr. Ste. D
Scotts Valley, CA. 95066
(831) 438-2617
(831) 438-2698 Fax

Selma Office
2133 High Street, Ste E
Selma, CA 93662
(559) 896-8880
(559) 896-3846 Fax

Valencia Office
23734 Valencia Blvd. Ste. 206
Valencia, CA 91355
(661) 799-0044
(661) 799-0043 Fax

Visalia Office
4142 S. Demaree Street
Visalia, CA 93277
(559) 625-5999
(559) 625-4389 Fax