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# COMMERCIAL AUTOMOBILE QUICK QUOTE APPLICATION

PRODUCER: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

INCOMPLETE SUBMISSION WILL NOT BE PROCESSED. PLEASE SUBMIT FULLY COMPLETED APPLICATION TO  
**CommAuto@GWmga.com**

NAMED INSURED: \_\_\_\_\_  
INSPECTION CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
GARAGING ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
DESCRIPTION OF OPERATION: \_\_\_\_\_  
YEARS IN BUSINESS: \_\_\_\_\_ LARGEST CITIES ENTERED INTO: \_\_\_\_\_  
RADIUS: \_\_\_\_\_ DO YOU HIRE SUB-HAULERS? \_\_\_\_\_ IF YES, WHAT % OF OPERATION? \_\_\_\_\_  
CANCELED OR NON-RENEWED IN THE PAST 3 YEARS? \_\_\_\_\_ IF YES, WHY? \_\_\_\_\_

### PRIOR CARRIER AND LOSS INFORMATION

CARRIER: \_\_\_\_\_ EFF. DATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ LOSSES: \_\_\_\_\_  
CARRIER: \_\_\_\_\_ EFF. DATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ LOSSES: \_\_\_\_\_  
CARRIER: \_\_\_\_\_ EFF. DATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ LOSSES: \_\_\_\_\_

### DRIVER INFORMATION (Please provide current MVR's for all drivers)

FULL NAME	DRIVERS LICENSE #	MARITAL STATUS	DATE OF BIRTH	YEARS EXPERIENCE W/SIMILAR EQUIP'T.	YEARS EMPLOYED W/ THIS COMPANY
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

### VEHICLES & TRAILERS

YEAR/MAKE/MODEL	VIN #	GVW	VALUE	RADIUS IN MILES
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

### COVERAGES AND DEDUCTIBLES

LIABILITY: \_\_\_\_\_ COMPREHENSIVE: \_\_\_\_\_  
MEDICAL PAYMENTS: \_\_\_\_\_ COLLISION: \_\_\_\_\_  
UNINSURED MOTORIST: \_\_\_\_\_  
HIRED/NON-OWNED: \_\_\_\_\_

### CARGO

COMMODITIES HAULED: \_\_\_\_\_ MAX VALUE: \_\_\_\_\_  
FILINGS/DOCKET NUMBERS: \_\_\_\_\_

ADDITIONAL INSURED: \_\_\_\_\_  
NAME ADDRESS CITY ZIP