



GREENWOOD

Managing General Underwriters and Program Administrators

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