

# TOW TRUCK - QUOTE REQUEST

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Producer Name \_\_\_\_\_ Code# \_\_\_\_\_ Date: \_\_\_\_\_  
 Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Street Address 1: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Street Address 2: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Street Address 3: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Street Address 4: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Garaging Zip Code (if different than above): \_\_\_\_\_ Years Tow Truck Experience: \_\_\_\_\_

## DESCRIBE BUSINESS OPERATIONS & TYPE OF VEHICLES BEING TOWED

\_\_\_\_\_

New ventures eligible as long as all drivers have a minimum of 3 years experience driving tow trucks

How many years prior insurance under the business name listed above? \_\_\_\_\_

### PRIOR INSURANCE INFORMATION

	Eff dates (month/year)	Company Name	# of Losses	Paid Out	Annual Premium
Current					
Year Prior					
Year Prior					

### COVERAGE

Liability Limits:	Medical	UM Limit:
_____ \$750,000 CSL	_____ \$1,000	_____ \$60,000
_____ \$1,000,000 CSL	_____ \$5,000	_____ \$100,000

### ON-HOOK COVERAGE

_____ \$50,000
_____ \$100,000
_____ \$150,000

### DRIVERS SCHEDULE - MVR MUST BE ATTACHED IN ORDER TO QUOTE

	Name	Class Lic.	Date of Birth	Yrs Tow Truck Exper	Past 36 Months		
					# Accidents	# Moving	# Non-Moving
1							
2							
3							
4							
5							
6							
7							
8							

### TOW TRUCK TYPE \*5+ units require completed app & 3 years loss runs

	Year	Make - Model	Body Type	VIN	Physical Damage	
					Stated Value	Deductible
1						
2						
3						
4						
5						
6						
7						
8						