

# Crosbie-Job

## COMMERCIAL VEHICLE INSURANCE QUOTE SHEET

OWNER OF VEHICLE										
Date	Name	Mailing Address					Phone #			
VEHICLE DESCRIPTION										
Veh #	Year	Make	Model			Serial Number				
1										
2										
3										
4										
COVERAGE REQUESTED										
Veh #	Section A	Section B	Section C-Physical Damage to Owned Vehicles				Section D	Endorsements	Total Premium	
			All Perils	Collision	Comprehensive	Specified Perils				
1							— — — —			
2										
3										
4										
DRIVER INFORMATION										
Drv #	Name	License Number	Claims/Accidents or Convictions							
1										
2										
3										
4										
OTHER RATING INFORMATION										
Last Insurance Policy		Insurer :			Policy Number :					
How Long has the Present Policy Been In Force ?										
If Less Than 3 Years indicate Previous Insurer : _____ , Policy Number :										
Applicant ever been <input type="checkbox"/> Cancelled, <input type="checkbox"/> Declined or <input type="checkbox"/> Non-renewed										
If yes give reason										
Is Vehicle Used Over 40km ? <input type="checkbox"/> Yes, <input type="checkbox"/> No,				If Yes, how far						
Type of Material/Equipment Hauled ?										
Type of Machinery Attached to Vehicle										
Where is it Hauled To:										
Use of the Vehicle/s										
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>										