Texas Commercial Insurance Facilities
P.O. Box 7250, Tyler, Texas 75711
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QUICK QUOTE FORM – COMMERCIAL AUTO

AGENCY NAME AND CONTACT INFORMATION: (required for processing) _____

INSURED NAME: _____ **PHONE #** _____

GARAGING ADDRESS: _____

NO OF YEARS IN BUSINESS (with own insurance): _____ **FEIN #:** _____

COMMODITIES HAULED (be specific about % of each commodity hauled) _____

FILINGS REQUIRED: ☐ NONE ☐ ICC ICC Filing # _____ ☐ TXDOT TXDOT Filing # _____ ☐ US DOT US DOT # _____

RADIUS: ☐ 0-100 MILES ☐ 201-300 MILES ☐ 301-500 MILES ☐ 501 + MILES

DRIVER(S):

NAME & DL #	DATE OF BIRTH	YRS EXPERIENCE	ACCIDENTS OR VIOLATIONS

*Specify the number of year's commercial driving experience each driver has. If there are any drivers with a "not at fault" accident, please provide a copy of the police report with your submission

EQUIPMENT:

YEAR	MAKE	BODY TYPE	GVW	STATED VALUE	DEDUCTIBLE	VIN (required)

*If there are 5 or more power units, please provide a completed full application in lieu of this form for quoting

TRAILER(S):

YEAR	MAKE	BODY TYPE	GVW	STATED VALUE	DEDUCTIBLE	VIN (required)

*Please specify if applicant is pulling non-owned trailers and if applicant is pulling doubles.

COVERAGES:

AUTO LIABILITY: ☐ $100K CSL ☐ $300K CSL ☐ $500K CSL ☐ $750K CSL ☐ $1M CSL ☐ OTHER _____

AUTO LIABILITY DEDUCTIBLE: ☐ $500 ☐ $1,000 ☐ UNINSURED MOTORIST CSL DESIRED: _____

CARGO: ☐ $50,000 ☐ $100,000

OTHER COVERAGE: _____ ☐ PIP $2,500 LIMIT IN STATE OF TEXAS

PRIOR INSURANCE HISTORY FOR THE PAST 3 YEARS:

POLICY PERIOD (MM/YY)	COMPANY NAME	LIABILITY LOSSES NUMBER	LIABILITY LOSSES AMOUNT	OTHER LOSSES (TYPE?) NUMBER	OTHER LOSSES (TYPE?) AMOUNT
to					
to					
to					
to					