



RLIPack® Commercial Auto Quote Information

Proposed Effective Date: _____

Named Insured: _____

Mailing Address: _____

Entity Type: Sole Proprietor Partnership Corporation LLC/LLP Other: _____

Current Carrier: _____

Loss History: No losses (Note: Have insured sign a statement of no losses if bound.)
 5 year Loss runs attached. (Note: Five year loss history required to qualify for UPCIP.)
 Quote subject to acceptable loss history.

Auto Liability Limits

Liability Limit _____

Medical Payment / PIP Limit _____

Uninsured / Underinsured Limit _____

Comprehensive Deductible _____

Collision Deductible _____

Hired Liability Yes No Estimated Cost of Hire: _____ or If any

Non-Owned Liability Yes No Number of Employees: _____

Other Coverages: _____

Automobile Information

Year	Make	Model	VIN #	Garaging City/Zip	Cost New	Type of Coverage
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only

Driver Information

Name	Date of Birth	Drivers License Number	State