

Global Insurance Agency, LLC
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COMMERCIAL AUTO INSURANCE'S APPLICATION

COMPANY'S INFORMATION

Legal Business' Name: _____

Trade Name, if any: _____

Entity Type: Sole Proprietorship____ LLC____ Corporation____ Partnership ____ Other: _____

Employer Identification Number (EIN) or Tax Payer Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Year Business started: _____ Owner's Years of Experience: _____

Nature of Business: _____

If transportation, describe what is being transported: _____

FINANCIAL RESPONSIBILITY

President/CEO/Owner's Name: _____

Address: _____ City, State, Zip: _____

Social Security # _____ Date of Birth: _____

VEHICLES INFORMATION

Vehicle 1

Vehicle 2

Vehicle 3

Year: _____

Year: _____

Year: _____

Make: _____

Make: _____

Make: _____

Model: _____

Model: _____

Model: _____

Type: _____

Type: _____

Type: _____

VIN #: _____

VIN #: _____

VIN #: _____

Est. Value: _____

Est. Value: _____

Est. Value: _____

Garaging Zip: _____

Garaging Zip: _____

Garaging Zip: _____

Operating Radius: _____

Operating Radius: _____

Operating Radius: _____

DRIVERS INFORMATION

	Driver 1	Driver 2	Driver 3	Driver 4.
Name:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
License Number:	_____	_____	_____	_____
CDL Licensed Year:	_____	_____	_____	_____

List all Violation and Accidents within the past 3 years for the above drivers

Driver	Violation	Points	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FILINGS (check all that apply)

Federal _____ MCS90 _____ Federal Cargo (BMC 34) _____

State _____, if so how many filings _____ State cargo (Form H) _____, if so how may filings _____

Other (explains): _____

COVERAGE INFORMATION

Non-Truck Liability (Bob-Tail Coverage) _____ or Bodily Injury and Property Damage Liability _____

Liability Amount: \$1,000,000 _____ \$750,000 _____ \$500,000 _____ \$300,000 _____ Other: _____

Select the desired coverage below:

Comprehensive: _____ or Fire and Theft w/ CAC: _____ Deductible Amount: \$ 1,000 _____ \$750 _____ \$500 _____ Other: _____

Collision: _____ Deductible Amount: \$ 1,000 _____ \$750 _____ \$500 _____ Other: _____

Rental Reimbursement: _____ or Down time / Rental: _____

If possible provide us with the declaration page of your current auto insurance so we can quote the same coverage and the information for all lien holders, if any.

What's your current insurance premium? \$ _____ Every Six Months _____ Annual _____