

## Guarino Insurance Agency- Commercial Auto Quote Request

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Please write clearly and fax, mail or email to our office when completed. Thank you.

Business Legal Name, include dba if applicable:

\_\_\_\_\_  
Primary Contact: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

### *Business Description*

Legal Entity (Corp, LLC, Partnership, Individual): \_\_\_\_\_ Number of Owners: \_\_\_\_\_

Date Business Started (month/yr) \_\_\_\_\_ FEIN# \_\_\_\_\_

Description of Business & How Vehicles are used (delivery of goods, what kind of goods, driving to meetings, etc. average # of stops per day, radius of operations, transporting people for hire)

\_\_\_\_\_  
\_\_\_\_\_  
Current Insurance Company and policy # (if no prior, please state so)

\_\_\_\_\_  
Any at fault claims in last 3 years? \_\_\_\_\_. If yes, please contact your current insurance company for "loss runs" These will detail the claims and amounts paid and send those with this information sheet.

### **Coverages and limits desired:**

BIPD: \_\_\_\_\_

U/M: \_\_\_\_\_

U/M Waiver of Collision Deductible: \_\_\_\_\_ (yes or no)

Medical Expense: \_\_\_\_\_

\*Comprehensive Deductible: \_\_\_\_\_

\*Collision Deductible: \_\_\_\_\_

Emergency Road Assistance: \_\_\_\_\_

Any Auto? \_\_\_\_\_ Hired Auto? \_\_\_\_\_ Non-owned Auto? \_\_\_\_\_ Scheduled Autos? \_\_\_\_\_

\*If excluding these coverages for specific vehicles, please note this for the vehicle(s) below.

**Vehicles** Describe as follows. Who owns vehicle (some businesses may have employees drive their own vehicles on company business); year, make, model & Vehicle. ID#s, & annual miles estimate and zip code where the vehicle is garaged/parked each evening, cost new and value now. If truck(s), is there a hitch?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Drivers** (include, full name as it appears on driver's license, DOB, address listed on license, License #, and SS# {needed to check claims history}) and if the driver is married. It is assumed driver 1 drives vehicle 1, etc. unless otherwise stated.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

Additional Information. Examples- if business transports hazardous materials, coverage for permanently attached equipment needed, if vehicles(s) are also used for personal use. Please include below or separate page.