



COMMERCIAL AUTO PHYSICAL DAMAGE QUOTE SHEET

Name:

Address:

Principle terminal:
(If different from above)

No. of years in business:

Vehicle(s) legally owned by:

Has any insurer within the past 5 years refused to renew or canceled insurance: Yes No

If yes, why?

Radius of Usage:

Short Haul (100 miles or less) Medium Haul (350 miles or less) Long Haul (Over 350 miles)

Currency: USD CAD

Unit Information:

Unit Type	No. of Units	Maximum Value per Unit:	<input type="text"/>
Trucks	<input type="text"/>		
Trailers	<input type="text"/>	Maximum Value per Loss:	<input type="text"/>
Tractors	<input type="text"/>		
Buses	<input type="text"/>		
Log Haulers	<input type="text"/>		
Tankers	<input type="text"/>		
Garbage Trucks	<input type="text"/>		
Other	<input type="text"/>		

*Schedule of Units to be supplied with this Proposal Form

Fleet Values:

Estimate Value at Inception:

Current Values:

1 year ago:

2 years ago:

3 years ago:

4 years ago:

Loss Record:

Year	Paid	Outstanding	Loss Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>