

Commercial Auto Insurance Quote Application

Complete or just send copies of you current coverage and driver's information

Company Name

Contact

Address

Email

Garaging City

Mile Radius

Years of Verifiable Insurance

Present Insurance Carrier

Yearly Premium \$

Canceled or Non Renewed in the Last 3 Years

Any Claims or Losses Paid in the 3 Years? _____

If so, Please Give Details, Name of Driver and Amount of Paid Claim

DRIVERS

Full Name

License #, Date of Birth, # Years Employed, # of Tickets In The Last 3 Years?

1

2

3

4

5

VEHICALS

Year Make VIN#

Current Value \$

Comp & Collision Coverage Yes No

1

2

3

4

5

COVERAGES

Liability Limit \$

Deductible Liability \$

Uninsured Motorist Limit \$

Deductible Comprehensive \$

Medical Payments Limit \$

Deductible Collision \$

Hired/Non-Owned Limit \$

1-877-376-8984

Seattle Office 8008 5^h Ave N. E. Seattle, WA 98115

Ph 206-453-5456 fax 206-453-5457

Skagit Valley Office Ph 360-824-5104 Fax 360-824-5105

www.gcinsuranceservices.com