



# Business Insurers of the Carolinas

## Pet Services Division

### Commercial Auto Quote Application

*Commercial Auto is underwritten through various A-Rated companies depending on your location, driving record and specific needs.*

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Legal Entity:      *Individual/Sole Proprietor*      *Partnership*      *C-Corporation*  
                                 *S-Corporation*      *Limited Liability Company (LLC)*      *Other* \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Garaging location if different than mailing address: \_\_\_\_\_

Federal ID # or (SSN# only if Sole Proprietor) \_\_\_\_\_

Years in Business: \_\_\_\_\_ Name in which vehicle(s) are titled: \_\_\_\_\_

#### Vehicle List:

	<i>Year/Make/Mod</i>	<i>VIN #</i>	<i>Cost New</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

#### Drivers List:

	<i>Full Name</i>	<i>Date of Birth</i>	<i>Drivers License Number</i>	<i>State Licensed</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

## Coverage & Limits

Limits of Liability desired:            \$500,000            \$1,000,000

Uninsured/Underinsured Motorists Limit:            \$500,000            \$1,000,000

Medical Payments Limit desired:            None            \$1,000            \$2,000            \$5,000

Physical Damage Coverage - Comprehensive/Collision Deductible desired:

                  \$100/\$250            \$100/\$500            \$250/\$500            \$500/\$500            \$1,000/\$1,000

Rental Reimbursement Coverage?    Yes    No            Towing Coverage?    Yes    No

Hired Liability Coverage Desired?    Yes    No

Non-Owned Liability Coverage Desired?    Yes    No

If yes, how many total employees do you have at one time? \_\_\_\_\_

## Underwriting Questions

Are all clients located within 50 miles?    Yes    No

If No, what is the greatest distance you travel for a visit? \_\_\_\_\_

Are any vehicles customized, altered or have special equipment?            Yes    No

If yes, please explain with cost: \_\_\_\_\_

Mobile (not permanently installed) grooming equipment/tools cost? \_\_\_\_\_

Mobile (permanently installed) grooming equipment/tools cost? \_\_\_\_\_

Do you carry workers compensation on all drivers?            Yes    No

Current or Prior Insurance Company and Expiration Date of current policy: \_\_\_\_\_

Number of Years/Months with this company: \_\_\_\_\_

In past three years have you or any drivers had any auto claims?            Yes    No

If yes, please provide details and amount paid (if unknown, please estimate): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any moving violations (speeding, etc) in the past three years?            Yes    No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Any Loss Payees that need to be listed (Bank, Leinholder)? Please provide name and address: \_\_\_\_\_

\_\_\_\_\_

*\* Please note that some states have other coverage requirements & options and if you are in a state that varies from the above coverage forms (such as PIP or No-Fault), please note this here and we will provide you with the correct coverage for your state:*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_