

# Buschbach Insurance Agency

5615 W. 95th Street - P.O. Box 5000  
Oak Lawn, IL 60455-5000  
708-424-0100 Fax: 708-425-5077

Date: \_\_\_\_\_ # of pages: \_\_\_\_\_

From: \_\_\_\_\_

Agency: (Name/Number) \_\_\_\_\_

## Commercial Auto Quick Quote Application

1. Applicant \_\_\_\_\_
2. Garaging Location \_\_\_\_\_
3. Years in Business \_\_\_\_\_
4. Proposed Eff. Date \_\_\_\_\_
5. Commerce Commission Filing Needed  Yes  No
6. Type of Business \_\_\_\_\_
7. Cargo Hauled/Percentage/Avg & Max Value \_\_\_\_\_
8. For Whom \_\_\_\_\_
9.  Primary  Non-trucking \_\_\_\_\_
10. Major Cities entered & percentage \_\_\_\_\_

### 11. Driver's Information:

Name	Date of Birth	Date of Hire	# Yrs. Exp.	Moving Violations & Accidents - Last 3 Yrs. <input type="checkbox"/> MVR's attached
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### 12. Vehicle Information:

Year	Make	Type	GVW	Radius	Present Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### 13. Prior Carrier - Last 3 years:

Being Cancelled  Yes  No  
Describe losses or provide 3 year loss runs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 14. Coverage Limits:

A. Liability _____	D. Specified Perils, Ded. _____
B. UM/UIM _____	E. Collision, Ded. _____
C. Med Pay _____	F. Cargo/Hook Limit _____ Ded. _____

15. Required Pricing: \_\_\_\_\_ Liability \_\_\_\_\_ Physical Damage \_\_\_\_\_

### Remarks: