

Free Commercial Auto Quote



Date ____/____/____ Are you a CLA Member? Yes No CLA Member Number _____

General Information

_____ Owner of Coin Laundry—name of person, partnership or corporation		_____/_____/_____ Date coverage is to Begin—check your current policy	_____ Number of years you have owned this laundry
_____ Name of coin laundry or DBA name	_____ Individual/Partnership/Corporation/Other	_____ Name of current insurance company	
_____ Mailing Address			
_____ City	_____ State	_____ Zip	_____ Current premium
_____ Contact Person			_____ Premium quoted for renewal
_____ Phone Number	_____ Fax Number	_____ Email Address	

Eligibility

List losses from your present carrier for the last three (3) years. Please include dates and amounts paid.

Have you ever been cancelled, declined or non-renewed by another carrier within the last three years (excluding carrier withdrawal from a line of business or termination of agency with carrier)? Yes No

Is this a Fleet policy (more than 4 motorized vehicles)? Yes No

Are any vehicles leased or rented to others? Yes No

Does the applicant transport people or property for hire? Yes No

Is the primary purpose of the vehicle to transport persons, other than employees? Yes No

Does applicant transport hazardous materials? Yes No

Does applicant transport flammables, chemicals, or explosives? Yes No

Are any owned or non-owned vehicles used for pizza or other fast food delivery? Yes No

Are ICC, PUC or other filings required? Yes No

Do over 50% of the employees use their autos in the business? Yes No

Are vehicles used by family members? Yes No

With the exception of encumbrances, are any vehicles not solely owned by and registered to the applicant? Yes No

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

Is there any other (non-auto) insurance being submitted, or currently written by this agency for this insured? Yes No

Policy Coverages

Combined Single Limits Liability	<input type="radio"/> 1,000,000 <input type="radio"/> 500,000 <input type="radio"/> 300,000	Comprehensive	<input type="radio"/> 250 <input type="radio"/> 500 <input type="radio"/> 1,000
Uninsured Motorists	<input type="radio"/> 1,000,000 <input type="radio"/> 500,000 <input type="radio"/> 300,000	Specified Perils Option	<input type="radio"/> Fire Only <input type="radio"/> Fire and Theft <input type="radio"/> Fire, Theft & Windstorm <input type="radio"/> Limited Specified Clauses <input type="radio"/> Full Specified Clauses
Personal Injury Protection	<input type="radio"/> 2,500 <input type="radio"/> 5,000 <input type="radio"/> 10,000	Collision Deductible	<input type="radio"/> 500 <input type="radio"/> 1,000
BI/PD Individual and/or Couple	<input type="radio"/>	Private Passenger Auto Towing	<input type="radio"/>
BI/PD All Other	<input type="radio"/>	Rental	<input type="radio"/> No <input type="radio"/> Yes \$_____/day

Vehicle Information

Vehicle #1

Garaging Address of Vehicle	City	State	Zip
Cost New	Year	Make/Model/Body Style	
VIN#	Gross Weight		

Distance 1-50 Miles
Traveled: 50-100 Miles
 101-150 Miles
 150 Miles +

Vehicle #2

Garaging Address of Vehicle	City	State	Zip
Cost New	Year	Make/Model/Body Style	
VIN#	Gross Weight		

Distance 1-50 Miles
Traveled: 50-100 Miles
 101-150 Miles
 150 Miles +

Vehicle #3

Garaging Address of Vehicle	City	State	Zip
Cost New	Year	Make/Model/Body Style	
VIN#	Gross Weight		

Distance 1-50 Miles
Traveled: 50-100 Miles
 101-150 Miles
 150 Miles +

Driver Information

Driver #1

First Name	Last Name	Birthdate	Hire Date
Gender	License State	License Number	

Driver #2

First Name	Last Name	Birthdate	Hire Date
Gender	License State	License Number	

Driver #3

First Name	Last Name	Birthdate	Hire Date
Gender	License State	License Number	

Driver #4

First Name	Last Name	Birthdate	Hire Date
Gender	License State	License Number	

Applicant's Signature _____ Date _____



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