

**CIU COMMERCIAL AUTO QUICK INDICATION QUESTIONNAIRE (LESS THAN 5 UNITS)**

PH: 800-241-9759 / FX: 417-883-3393

<b>AGENCY NAME:</b>			
<b>Contact:</b>		<b>Email:</b>	
<b>Phone Number:</b>		<b>Fax :</b>	

<b>APPLICANT INFORMATION:</b>	<b>Effective Date:</b>
<b>Applicant/Business Name:</b>	
<b>Address:</b>	

Street	City	State	County	Zip
<b>Description of Operations:</b>				<b>Individual:</b>
<b>Commodities Hauled:</b>				<b>Corporation:</b>
<b>Number of Years In Business:</b>				<b>Partnership:</b>
<b>Number of Years Experience:</b>				<b>Other:</b>

<b>Current Insurance Carrier Name:</b>		
<b>Expiring Premium:</b>	\$	<b>Expiration Date:</b>
<b>5 Year Loss History (include Driver Name, Date and Amount Paid and Details for each Loss):</b>		

<b>GENERAL INFORMATION:</b>	
<b>Does Applicant Haul For Hire or Owned Goods (describe):</b>	
<b>Major Cities &amp; States Entered:</b>	
<b>State Filings Needed:</b>	<b>State ID #:</b>
<b>Federal Filings Needed:</b>	<b>Federal ID #:</b>
<b>MCS 90 Needed:</b>	<b>US DOT #:</b>
<b>Does Applicant Broker Loads:</b>	<b>If Yes, please provide details:</b>

<b>DRIVER INFORMATION:</b>				
<b>NAME</b>	<b>DRIVING RECORD</b>	<b>DATE OF BIRTH</b>	<b>YEARS EXPERIENCE</b>	<b>HIRE DATE</b>

<b>MAKE / MODEL/ USE / BODY TYPE</b>	<b>YEAR</b>	<b>VALUE</b>	<b>GVW OR # PASS.</b>	<b>GARAGING CITY &amp; ZIP</b>	<b>RADIUS</b>

<b>COVERAGE AND LIMITS:</b>	
<b>(Check one) Primary Liability:</b>	
<b>or Non-Trucking Liability:</b>	<b>If so, Permanently Leased to:</b>
<b>Auto Liability Limit:</b>	\$
<b>Medical Payments Limit :</b>	\$
<b>PIP Limit:</b>	\$
	<b>UM Limit:</b> \$
	<b>UIM Limit:</b> \$

<b>PHYSICAL DAMAGE COVERAGE / DEDUCT :</b>	<b>CARGO COVERAGE:</b>
<b>Specified Causes of Loss:</b>	<b>Limit:</b> \$
<b>Comprehensive:</b>	<b>Deductible:</b> \$
<b>Collision:</b>	<b>Commodities:</b>

<b>Additional Information/Coverage Request/Remarks/Any Special Equipment attached:</b>