

# Bolton & Company Commercial Auto Quote Sheet

Just fill out this page and fax or email it to us for the fastest quotes possible.  
If you have any questions please give us a call.

Date: \_\_\_\_\_ Quote Needed By: \_\_\_\_\_ Agency: \_\_\_\_\_  
Agent's Name: \_\_\_\_\_ Agent's Email: \_\_\_\_\_  
Agent's Phone: \_\_\_\_\_ Agent's Fax: \_\_\_\_\_  
Insured's Name: \_\_\_\_\_  
Garaging Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Owner's SSN: \_\_\_\_\_

Number of years with Coverage in this name?: \_\_\_\_\_ Radius: \_\_\_\_\_

Major Cities Traveled through or into: \_\_\_\_\_

Commodities hauled: 1. \_\_\_\_\_ % 2. \_\_\_\_\_ %  
3. \_\_\_\_\_ % 4. \_\_\_\_\_ %

Filings? \_\_\_\_\_ Yes \_\_\_\_\_ No MC #: \_\_\_\_\_ or DOT#: \_\_\_\_\_

Vehicle	Type of vehicle	Stated Value	GVW
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driver Name	DOB	DL #	# Yrs Exp	DOH	Vio/Acc?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Coverages Desired:  Primary Liability  Non-trucking Liability  Physical Damage  
 Cargo  General Liability  Trailer Interchange

Liability Limit: \_\_\_\_\_

Cargo Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

Physical Damage Deductible: \_\_\_\_\_

List Prior Carrier and all losses for past 3 years

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no Prior Carrier, please list employment information for past 3 years

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: 502-583-8361 1-800-292-6597 Fax : 502-584-6131 1-877-292-6597

Email us at [auto@boltonmga.com](mailto:auto@boltonmga.com)