



Commercial Auto Quick Quote Sheet

BOLTON & COMPANY
TRY US, WE TRY HARDER

- Complete this form for 1-4 unit accounts, and then hit the Submit button to instantly transmit the data to an Underwriter.
- For larger accounts, please email us for a full application and submission checklist.

WWW.BOLTONMGA.COM - TRUCKS@BOLTONMGA.COM - 1-800-292-6597

Agency Name: _____ Agent's Name: _____ Agent's Email: _____

Effective Date: _____ Need by Date: _____ DOT Number: _____

Insured's Name: _____ Owner's name: _____

Garaging Address: _____ City: _____ State: _____ ZIP: _____

Number of years with coverage in this name: _____ Filings: ___ Yes ___ No

Radius: _____ Major Cities traveled through or into: _____

Commodity Hauled	Percentage of Loads	Maximum Value

Please remember to send current valued loss runs, and the most recent 4 quarters of IFTA's with all submissions.

Year	Make	Type of Vehicle	VIN	Stated Amount

Driver Name	DOB	License #	Years of Exp	Date of Hire

Coverage's requested

Primary Auto Liability [] Physical Damage [] Cargo [] Truckers GL [] Non-Trucking Liability []

Trailer Interchange [] _____ limit

Auto Liability Limit: _____ Physical Damage Deductible: _____ Cargo Deductible: _____

Pricing Target: _____

Additional submission information needed: **Current valued 3-year loss runs, MVR's, and IFTA's.**

Notes: _____