

# PACIFIC INTERNATIONAL UNDERWRITERS

Phone: 800-562-8403 or 425-771-8988

Fax: 888-814-8701 or 425-775-9046

## PUBLIC AUTO QUICK QUOTE SHEET

Agency Name \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Fax/Email \_\_\_\_\_

**NAMED INSURED:** \_\_\_\_\_ Requested Effective Date \_\_\_\_\_  
 Type of operation \_\_\_\_\_  
 Garaging Address: \_\_\_\_\_ Radius: \_\_\_\_\_  
 Years driving experience \_\_\_\_\_ Years owned vehicle \_\_\_\_\_  
 Years in Business \_\_\_\_\_  
 Years of Verifiable Insurance \_\_\_\_\_ Present Insurance Carrier \_\_\_\_\_  
 Cancelled or Non-renewed? \_\_\_\_\_ Any Losses in in last 3 years? \_\_\_\_\_  
 If losses, date of loss, details, name of driver and amounts paid \_\_\_\_\_

### Drivers

| Full Name | License # | DOB | Years Exp | Years Emp | Viol/Acc last 3 years? |
|-----------|-----------|-----|-----------|-----------|------------------------|
|           |           |     |           |           |                        |
|           |           |     |           |           |                        |
|           |           |     |           |           |                        |
|           |           |     |           |           |                        |

### Vehicles

| Year/Make | Current Value | Seating Capacity | # of inches if stretch |
|-----------|---------------|------------------|------------------------|
|           |               |                  |                        |
|           |               |                  |                        |
|           |               |                  |                        |
|           |               |                  |                        |

Percent of trips to the airport \_\_\_\_\_ Percent of unscheduled trips \_\_\_\_\_  
 Percent of trips arranged (at least) 24 hours in advance \_\_\_\_\_  
 Do drivers wear formal chauffeur attire or suits? \_\_\_\_\_  
 Does applicant transport unscheduled passengers? \_\_\_\_\_  
 Does the applicant charge by the hour? \_\_\_ Trip? \_\_\_ Or miles \_\_\_\_\_  
 Does the applicant have corporate contracts? \_\_\_\_\_ Is there a fare or meter box? \_\_\_\_\_  
 Does the applicant have personal auto insurance? \_\_\_\_\_

### Limits

Liability \_\_\_\_\_  
 UM \_\_\_\_\_  
 MED PAY \_\_\_\_\_  
 HIRED \_\_\_\_\_  
 NONOWNED \_\_\_\_\_  
 PIP \_\_\_\_\_  
 Filing Requirement? \_\_\_\_\_

### Deductibles

Spec Perils \_\_\_\_\_  
 Coll: \_\_\_\_\_  
 Comp: \_\_\_\_\_  
 Optional cov: \_\_\_\_\_  
 (Lease/Loan \_\_\_\_\_  
 Downtime) \_\_\_\_\_  
 Financed Value \_\_\_\_\_

Please note: This is not an application and the figures we are quoting are an indication only, subject to a properly completed application. You do not have binding authority.

**SUBMIT**