

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 _____ Phone: _____
 Contact Person: _____ 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? _____

Any vehicles equipped with disability equipment (wheelchair lifts, etc)? _____

<u>Limits</u>	<u>Deductibles</u>
Liability _____	Spec Perils _____
UM _____	Coll: _____
MED PAY _____	Comp: _____
HIRED _____	Optional cov: _____
NONOWNED _____	(Lease/Loan _____
PIP _____	Downtime) _____
Filing Requirement? _____	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.

Please save and attach to email

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