

# WRC Agency

P.O. Box 7988, Madison, Wisconsin 53707-7988  
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## Commercial Auto Quote Form

1st Auto Agent

Lead Referral

Mutual Agent

Client Name (including M.I.)		Mutual	
DBA		Agency	
Client address		Agent	
County		Agent phone #	
Client phone #		Agent Fax #	
Client email		Agent email	

### BUSINESS INFORMATION

Business Type/Description: (Ex: plumber, landscaper, gravel hauler)		List state	
Year current business was established?		What filings required?	
Does client have a GL or BOP policy?	Yes      No	If filings are required, will policy cover all vehicles owned, operated or under lease to the applicant?	Yes      No
If yes, which one?	GL      BP	States operated in:	
Covered by Workers Compensation?	Yes      No	Major cities entered:	

### PRIOR INSURANCE INFORMATION

Current carrier?			
Current BI/PD limits		No. of additional insureds	
Effective date		Expiration Date	
		Leinholders? List Vehicle #(s):	
Continuous coverage for at least 1 yr.	Yes      No	Number of waivers of subrogation	

### HOUSEHOLD AND EMPLOYEE INFORMATION

Dr #	Driver's Name	Sex	Marital Status	Relation to Client	Date of Birth	SR-22 Needed	Social Security # or FEIN #
1							
2							
3							
4							

### HOUSEHOLD AND EMPLOYEE INFORMATION

Dr #	License #	State	License Status	Claims/Accidents/Violations (last 5 yrs.) List Date	Claim Amount	Year CDL Issued
1						
2						
3						
4						

VEHICLE INFORMATION							
Dr #	Vehicle Year	Make	Model	Vehicle Type	VIN #	Use	Stated Amount
1							
2							
3							
4							

VEHICLE INFORMATION							
Dr #	Annual Mileage	Type of Hitch	GVW	# of Rear Axles	Anti-Lock Brakes (A) Air Bags (B) Lifts (C)	Garage # Zip	Total Value of Attached Equipment
1							
2							
3							
4							

COVERAGES				
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
BI/PD				
Medical Payments				
UM/UIM				
Comprehensive or Fire & Theft Deductible				
Collision Deductible				
Cargo Coverage				
On-Hook Towing				
Non-Trucking/Bobtail/Contingent Liability				
Non-Owned (include # of employees)				
Hired Auto (include Annual Cost)				
Garagekeepers Legal Liability				
Trailer Interchange (include # of trailers)				
ADDITIONAL LINES				

### **Organization Type**

Individual/Sole Proprietor

Partnership

Corporation

\*Financial responsibility will be ordered on all risks. For a corporation or partnership, use the name of the President, CEO or partner responsible for the daily operations of the business.

General Questions		
If cargo is hauled, describe:		
Personal	For Hire	
Describe any hazardous material hauled:		
Radius of operation:		
Mutual policy? Yes      No      Quoted		Policy number:
		Policy type:
How many trips/deliveries/errands made daily?		

Specialty Questions				
Dumping	# of End Dump/Side Dump Vehicles		# of Hopper Dump Vehicles	
Limousines	Are Limousines Stretched?	Yes      No	If yes, length stretched?	
Tow Trucks	Are Towing vehicles associated with a:			
	Service Station?	Yes      No		
	Repair Shop?	Yes      No		
	Full-Time Towing Business?	Yes      No		
	Other?	Yes      No		
	If Other, explain			
	Equipped with a Tilt Bed?	Yes      No		
	Repossess autos?	Yes      No	If yes, what % of the time?	
All Public	Are they transporting physically disabled individuals?	Yes      No	If yes, what % of the time?	
	Is there a fee or fare charged for transporting passengers?	Yes      No		
Logging	Does the client exclusively cut their own trees?	Yes      No		
Driver Training	Do vehicles have dual controls?	Yes      No		
Ambulance	Are ambulances owned by hospitals?	Yes      No		
Daycare	In Home	Private	Non-Profit	Other
	If Other, explain			
Bobtail/Contingent	Equipment is under permanent/Long Term Lease to:			
		What % of the time?		

**I have read the following paragraph to the applicant and they have given permission to continue:**

The companies used by the WRC Agency collect information from credit history and loss reports for rating purposes. This information is shared only with the companies we quote. Do we have your permission to order this information and provide you with a proposal for coverage?

Agent Signature (required)	Permission given by (required)	Date (required)