



## Siskiyou Insurance Services, Inc.

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TOLL FREE(800) 773-2345 | PH.(530) 224-2345 | FAX (530) 224-2346

Curtis Byron - cbyron@siskiyouinsurance.com

# COMMERCIAL AUTO QUOTE INFORMATION REQUEST FORM

Business Legal Name:

DBA:

Address:

Garaging Address (if different):

Years in business:  Select Type:  CA#:

Nature of business:  Used for Delivery:

Current Insurance Co:  Expiration Date:

Liability Limits: \$  Med Pay Limit: \$  U/M: \$

Comp Ded:  Collision Ded:  Claims:

Are ALL vehicles registered to the business?

If "No" to above. Who is the Registered Owner?

## Vehicle Information

#1 Year/Make/Model:  Present Value: \$

VIN#  Mileage Radius 50/200/500+

#2 Year/Make/Model:  Present Value: \$

VIN#  Mileage Radius 50/200/500+

#3 Year/Make/Model:  Present Value: \$

VIN#  Mileage Radius 50/200/500+

#4 Year/Make/Model:  Present Value: \$

VIN#  Mileage Radius 50/200/500+

## Driver Information

Name:	<input type="text"/>	Date of Birth: mm/dd/yy	<input type="text"/>
License #	<input type="text"/>	Any Violations or Accidents?	<input type="text"/>
Name:	<input type="text"/>	Date of Birth: mm/dd/yy	<input type="text"/>
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Preferred Agent?