

TCIF TEXAS COMMERCIAL INSURANCE FACILITIES

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COMMERCIAL AUTO QUOTE

Proposed Effective: _____

INSURED NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

CITY/COUNTY/TERR: _____ RADIUS OF OPER: _____

LARGEST CITY ENTERED: _____ % OF TIME SPENT THERE: _____

TX/DOT NEEDED: Y ___ N ___ COMP DED: _____ COLL DED: _____

LIMITS: LIAB _____ UM/UIM _____ PIP _____ HIRED/NON-OWNED: Y ___ N ___

DESCRIPTION OF OPERATIONS: _____

PRIOR CARRIER(REQUIRED): _____

LOSSES(REQUIRED-3 YEARS PRIOR): _____

DRIVERS: (USE A SEPARATE SHEET FOR ADDT'L DRIVERS)

| NAME | DOB/AGE | DRIVING RECORD |
|-------------|----------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

VEHICLES: (USE A SEPARATE SHEET FOR ADDT'L VEHICLES)

| YEAR & DESCRIPTION | GVW | ACV | USE OF VEHICLE |
|-------------------------------|------------|------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

AGENT NAME &FAX/PHONE #: _____

THIS IS AN INDICATION QUOTE ONLY! A COMPLETED APP MUST BE RECEIVED BEFORE A FIRM QUOTE WILL BE ISSUED! THIS QUOTE IS NOT BINDING! MISSING INFORMATION ON THIS SHEET WILL RESULT IN A DELAY IN RECEIVING YOUR QUOTE. WE CANNOT ASSIGN THIS REQUEST TO AN UNDERWRITER UNLESS ALL INFORMATION IS PROVIDED.