



# NON-FLEET QUICK QUOTE AUTO APPLICATION

For use with owned auto fleets of less than ten (10) vehicles

Agency: McGriff Seibels & Williams  
Agency Branch: Portland, OR

Phone: 1-888-878-5679  
Fax: 503-943-6622

Date:

## INSURED INFORMATION

Insured Name:

US DOT #:  MC#

Garaging Address:

Commodities Hauled:

City:

States Entered:

State:  Zip:

Major Cities:

Contact Name:

Have you been cancelled or non-renewed in the last 3 years:  No  Yes

Contact Phone Number:

Are you covered by Workers' Compensation?:  No  Yes

Contact E-mail:

How many years has insured owned commercial equipment:

# Years primary liability coverage under the above name:

FEIN or SSN #:

Do you allow non-employee passengers?  Yes  No

Do you pull:  Desired Effective Date:

If Non-Trucking liability, name of company leased to:

## DRIVER INFORMATION

Driver Name	Date of Birth	License Number	State	Date Hired	# Years Comm'l Driving	Last 3 yrs Mov. Violations	Last 3 yrs Accidents

## EQUIPMENT INFORMATION

Year	Make	Type	Stated Value	Radius (miles)

## COVERAGE & LIMITS

**Liability:**  Primary Liability or  Non-Trucking Liability

Auto Liability limit: \$1,000,000    Uninsured Motorist limit: \$100,000

Underinsured Motorist Limit: \$100,000    Medical Payments: \$500

Personal Injury Protection Limit:

Cargo Limit:     Cargo Deductible:

Refer Breakdown: \$2,500 Deductible

Trailer Interchange:

**Physical Damage:** Deductible Comprehensive & Collision: \$1,000

Commodity Transp	% of Loads	Maximum	Average

Any Claims in the last 3 years?  Yes  No

Claim details:



www.DrivenByMcGriff.com