



COMMERCIAL SPECIALISTS INSURANCE SERVICES
LIC # 0D80851

PO BOX 4185 THOUSAND OAKS CA 91359-1185
PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS)
WWW.CSISONLINE.COM

COMMERCIAL AUTO

How did you hear about us?

- BIA Chamber of Commerce Current Client Email
 Google Mailer Yahoo Yellow pages
 Referral: _____ Website: _____

Named insured _____ Contractor's License # _____

Owner's name _____ Contact's name _____

Phone #: _____ Cell # _____ Fax # _____

Email: _____ Preferred method of contact: Phone Fax Email Mail

Mailing address: _____

Physical/Premise address _____

Business entity: Sole proprietorship Partnership Corporation LLC Other: _____

Current Auto Carrier: _____ Expiration date: _____

Driver Information:

Driver Name	D.O.B	License Number	Marital status	Violations/accidents in the last 3 years?
			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicle Information:

Year	Make/Model/Body Type	VIN	Gross Wt	Value	Radius of Operations (miles)
					<input type="checkbox"/> < 50 <input type="checkbox"/> 50 -100 <input type="checkbox"/> > 100
					<input type="checkbox"/> < 50 <input type="checkbox"/> 50 -100 <input type="checkbox"/> > 100
					<input type="checkbox"/> < 50 <input type="checkbox"/> 50 -100 <input type="checkbox"/> > 100

THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.
ADDITIONAL INFORMATION MAY BE REQUIRED.

The following items MUST be provided to receive a quote:

Select the desired coverages:

****Liability**** Split Limits OR CSL		Comp/Coll Ded	****Uninsured Motorist BI****	Uninsured Motorist PD	Hired & Non - Owned Auto	Medical payments
<input type="checkbox"/> 15/30/10	<input type="checkbox"/> 300,000	<input type="checkbox"/> 250	<input type="checkbox"/> 15/30	<input type="checkbox"/> 3500	<input type="checkbox"/> Yes	<input type="checkbox"/> 500
<input type="checkbox"/> 50/100/50	<input type="checkbox"/> 500,000	<input type="checkbox"/> 500	<input type="checkbox"/> 25/50	<input type="checkbox"/> 5000	<input type="checkbox"/> No	<input type="checkbox"/> 1000
<input type="checkbox"/> 100/300/50	<input type="checkbox"/> 750,000	<input type="checkbox"/> 1000	<input type="checkbox"/> 30/60			<input type="checkbox"/> 2000
<input type="checkbox"/> 250/500/100	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2500	<input type="checkbox"/> 50/100			<input type="checkbox"/> 5000
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:			

CSL = Combined Single Limit BI: Bodily Injury PD: Property Damage

****ALL VEHICLES MUST CARRY SAME LIABILITY/UNINSURED MOTORIST COVERAGE****

Lender information:

Veh & Account #	Lender Name	Lender Address	Loss Payee	Additional Insured
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special filing requirements:

MCP-65 CA# _____

Other: _____

Any additional information, comments or concerns?

Signature

Date