



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](http://WWW.CSISONLINE.COM)

**PERSONAL AUTO**

**How did you hear about us?**

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

Named insured \_\_\_\_\_  
 Owner's name \_\_\_\_\_ Contact's name \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Email: \_\_\_\_\_ Preferred method of contact:  Phone  Fax  Email  Mail  
 Mailing address: \_\_\_\_\_  
 Physical/Premise address \_\_\_\_\_  
 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	Current Odometer	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

**The following items MUST be provided to receive a quote:**

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

Select the desired coverages:

BI: Bodily Injury PD: Property Damage

****Liability****	Comp/Collision Deductible	****Uninsured Motorist BI****	Uninsured Motorist PD	Rental	Medical Payments
<input type="checkbox"/> 15/30/10	<input type="checkbox"/> 100	<input type="checkbox"/> 15/30		<input type="checkbox"/> 25/day	<input type="checkbox"/> 1000
<input type="checkbox"/> 25/50/25	<input type="checkbox"/> 250	<input type="checkbox"/> 25/50	<input type="checkbox"/> 3500	<input type="checkbox"/> 35/day	<input type="checkbox"/> 2000
<input type="checkbox"/> 50/100/50	<input type="checkbox"/> 500	<input type="checkbox"/> 50/100		<input type="checkbox"/> 50/day	<input type="checkbox"/> 5000
<input type="checkbox"/> 100/300/100	<input type="checkbox"/> 1000	<input type="checkbox"/> 100/300		<input type="checkbox"/> 75/day	<input type="checkbox"/> 10,000
<input type="checkbox"/> 250/500/100	<input type="checkbox"/> 2500	<input type="checkbox"/> 500/500			<input type="checkbox"/> 25,000
<input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000					

\*\*\*\*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:

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Any additional information, comments or concerns?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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