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CAPITAL INSURANCE SERVICES

Commercial Auto Quote Sheet

Business Name: _____ FEIN #: _____
 Phone: _____ E-Mail: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Years in Business: _____ Any Filings Needed? Yes No Hauling Radius: _____

List Drivers:

Name: _____ Date of birth: ___/___/___ Driver's license#: _____
 Name: _____ Date of birth: ___/___/___ Driver's license#: _____
 Name: _____ Date of birth: ___/___/___ Driver's license#: _____
 Name: _____ Date of birth: ___/___/___ Driver's license#: _____
 Name: _____ Date of birth: ___/___/___ Driver's license#: _____

Vehicle Information					
Car	Year	Make/Model	Vehicle Identification #	Purchase/Lease	Vehicle Usage
1					
2					
3					
4					
5					

Current Limits of Liability: (Listed in thousands)

Bodily Injury: _____ Property Damage: _____
 Underinsured / Uninsured Motorist: _____

Coverages					
	Car 1	Car 2	Car 3	Car 4	Car 5
Liability Only					
Comprehensive Deductible					
Collision Deductible					
Towing Coverage					
Car Rental					

Do you have Workers Compensation Insurance? _____ Carrier Name: _____

Do you have Health Insurance? _____ Carrier Name: _____

Do you belong to any groups, credit unions or professional organizations? _____

Current Carrier: _____ Expiration Date: _____