

# RLI Pack Commercial Auto Quote Information

Proposed Effective Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Entity Type:     Sole Proprietor     Partnership     Corporation     LLC/LLP     Other: \_\_\_\_\_

Current Carrier: \_\_\_\_\_

Loss History:     No losses (Note: Have insured sign a statement of no losses if bound.)  
                        5 year Loss runs attached. (Note: Five year loss history required to qualify for UPCIP.)  
                        Quote subject to acceptable loss history.

<b>Auto Liability Limits</b>
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Liability Limit \_\_\_\_\_

Medical Payment / PIP Limit \_\_\_\_\_

Uninsured / Underinsured Limit \_\_\_\_\_

Comprehensive Deductible \_\_\_\_\_

Collision Deductible \_\_\_\_\_

Hired Liability             Yes     No    Estimated Cost of Hire: \_\_\_\_\_ or  If any

Non-Owned Liability       Yes     No    Number of Employees: \_\_\_\_\_

Other Coverages: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Automobile Information</b>
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Year	Make	Model	VIN #	Garaging City/Zip	Cost New	Type of Coverage
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only

<b>Driver Information</b>
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Name	Date of Birth	Drivers License Number	State