

# PACIFIC INTERNATIONAL UNDERWRITERS

Phone: 800-562-8403 or 425-771-8988

Fax: 888-814-8701 or 425-775-9046

## PUBLIC AUTO QUICK QUOTE SHEET

Agency Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Fax/Email \_\_\_\_\_

**NAMED INSURED:** \_\_\_\_\_ Requested Effective Date \_\_\_\_\_  
 Type of operation \_\_\_\_\_  
 Garaging Address: \_\_\_\_\_ Radius: \_\_\_\_\_  
 Years driving experience \_\_\_\_\_ Years owned vehicle \_\_\_\_\_  
 Years in Business \_\_\_\_\_  
 Years of Verifiable Insurance \_\_\_\_\_ Present Insurance Carrier \_\_\_\_\_  
 Cancelled or Non-renewed? \_\_\_\_\_ Any Losses in in last 3 years? \_\_\_\_\_  
 If losses, date of loss, details, name of driver and amounts paid \_\_\_\_\_

### Drivers

Full Name	License #	DOB	Years Exp	Years Emp	Viol/Acc last 3 years?

### Vehicles

Year/Make	Current Value	Seating Capacity	# of inches if stretch

Percent of trips to the airport \_\_\_\_\_ Percent of unscheduled trips \_\_\_\_\_  
 Percent of trips arranged (at least) 24 hours in advance \_\_\_\_\_  
 Do drivers wear formal chauffeur attire or suits? \_\_\_\_\_  
 Does applicant transport unscheduled passengers? \_\_\_\_\_  
 Does the applicant charge by the hour? \_\_\_ Trip? \_\_\_ Or miles \_\_\_\_\_  
 Does the applicant have corporate contracts? \_\_\_\_\_ Is there a fare or meter box? \_\_\_\_\_  
 Does the applicant have personal auto insurance? \_\_\_\_\_

Any vehicles equipped with disability equipment (wheelchair lifts, etc)? \_\_\_\_\_

<u>Limits</u>	<u>Deductibles</u>
Liability _____	Spec Perils _____
UM _____	Coll: _____
MED PAY _____	Comp: _____
HIRED _____	Optional cov: _____
NONOWNED _____	(Lease/Loan _____
PIP _____	Downtime) _____
Filing Requirement? _____	Financed Value _____

Please note: This is not an application and the figures we are quoting are an indication only, subject to a properly completed application. You do not have binding authority.

Please save and attach to email