

Bliss & Glennon Commercial Auto Quote Sheet

Just fill out this page and fax or email it to us for the fastest quotes possible.
If you have any questions please give us a call.

Date: _____ Quote Needed By: _____ Agency: _____
Agent _____ Agent's Email _____ Agent's Phone _____ Agent's Fax _____

Insured's name _____

Garaging Address: _____
City: _____ State: _____ ZIP: _____

Owner's Name: _____ Owner's SSN: _____

Number of years with Coverage in this name?: _____ Radius: _____

Major Cities Traveled through or into: _____

Commodities hauled: 1. _____ % 2. _____ %
3. _____ % 4. _____ %

Filings? _____ Yes _____ No MC #: _____ or DOT#: _____

Vehicle

___ Type of vehicle year, make, model Stated Value GVW _____

Driver

Name DOB DL # # Yrs Exp DOH Vio/Acc?

Coverages Desired: [] Primary Liability [] Non-trucking Liability [] Physical Damage
[] Cargo [] General Liability [] Trailer Interchange [] Other _____

Liability Limit: _____

Cargo Limit: _____ Deductible: _____

Physical Damage Deductible: _____

List Prior Carrier and all losses for past 3 years

If no Prior Carrier, please list employment information for past 3 years

Phone: 1- 800 829- 7330 or 1-800-922-7587