

Anderson Insurance Agency Business Auto Quote Request

Business Name: \_\_\_\_\_

Owners or Presidents Name: \_\_\_\_\_ S.S. Number \_\_\_\_\_

(home) Street Address \_\_\_\_\_ Town \_\_\_\_\_ St. \_\_\_\_\_

Website: \_\_\_\_\_ Bus Ph. \_\_\_\_\_ Fax \_\_\_\_\_

Current Insurer: \_\_\_\_\_ # years with them \_\_\_\_\_

# Of years in Business \_\_\_\_\_ # of Employees \_\_\_\_\_ Industry / Trade \_\_\_\_\_

	Vehicle #1	Vehicle #2	Vehicle #3
Year and Make			
Model			
Vehicle I.D. #			
Manufacturers Gross Weight			
Garaging Zip Code			
Any Personal Use?			
Current value of Vehicle			
Radius of use (up to 50 Mi, up to 100 Mi, over 100 Mi)			
Trailer Hitch (yes or no)			
Liability Limit			
Comprehensive Deductible			
Collision Deductible			
Driver Information			
Age / Gender			
Marital Status			
Violations / Accidents past 3 years			

For more vehicles complete a separate page.