



*Attention all Business Owners!*

## Save **\$\$Money\$\$** on **Commercial Auto Insurance**

Fill out and fax us the information below for a **FAST, FREE** quote!!

### BUSINESS INFORMATION

Business name:		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> OTHER
Business address:			
Business phone:	Cell phone:	Fax:	
E-Mail Address:			

### Drivers

Name:	License #:	D.O.B.:	Married/Single	S.S.N.:
Accidents / Driving Violations:				
Name:	License #:	D.O.B.:	Married/Single	S.S.N.:
Accidents / Driving Violations:				

### Vehicles

Year:	Make:	Model:	VIN#:	Value:	Weight:
Year:	Make:	Model:	VIN#:	Value:	Weight:
Year:	Make:	Model:	VIN#:	Value:	Weight:
Year:	Make:	Model:	VIN#:	Value:	Weight:

### Amount of Coverage

### Type of Coverage

\$100,000 <input type="checkbox"/>	\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>	Liability Only <input type="checkbox"/>	Comprehensive <input type="checkbox"/>	Collision coverage <input type="checkbox"/>
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**Start Saving Today With Work Comp For Less!**