

# Diamond Insurance Agency

100 W. Hosack, Ste. 103  
Boerne, TX, 78006

Phone: (830)249-7475 Fax: (830)249-8544

## Commercial Auto or Cargo

Quote Date: \_\_\_\_\_ Telephone#: \_\_\_\_\_

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

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

Describe Business \_\_\_\_\_

Describe use of each vehicle \_\_\_\_\_

Radius of Operation: \_\_\_\_\_ All states driven to: \_\_\_\_\_

Is owner operated for hire OR are they contracted to 1 company? \_\_\_\_\_

If Contracted, Name of Company: \_\_\_\_\_

Is there Comm. Cov. in force now?  Yes  No If Yes, Eff. Date: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

When is Coverage needed: \_\_\_\_\_

Liability Limit needed: \_\_\_\_\_ UIM: \_\_\_\_\_ PIP: \_\_\_\_\_

### VEHICLES:

Year, Make & Model	GVW	VIN Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

### DRIVERS INFORMATION

Name	Sex	Marital Stat	DOB	Yrs. Lic.	License #
_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S	_____	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S	_____	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S	_____	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> S	_____	_____	_____

List any Losses, Claims, Accidents, Violations, or License Suspension for Company or Drivers in the last 3 Years: \_\_\_\_\_

Is Cargo Insurance needed?  Yes  No

If Yes, Describe in Detail and Percentage of each type of Cargo carried: \_\_\_\_\_

Is cargo kept in truck overnight?  Yes  No Is there an Alarm on trailer?  Yes  No Is trailer kept locked at all times?  Yes  No