



By Professional Insurance Center, Inc.

Today's Date

Effective Date Requested

*\*If one unit make sure to inquire if current coverage exists*

## Quote Request Sheet

*\*If one unit make sure to inquire if current coverage exists*

Individual  LLC  Partnership  Corporation

Name/DBA:  Number of Units

Contact Name  Social Security Number or FEIN#

Address  City  State  Zip

Phone  Cell  Fax  Email

Years in Business\*   Taxi  Limo  Sedan  Tour  Ambulance  Truck

*\*IF APPLICABLE*

CTA/SS  Airport Shuttle  School  Charter Bus

Current insurance Co\*   Other

*\*IF APPLICABLE*

Current Limits\*  % To Airport

*\*IF APPLICABLE*

Losses in Last 3 Years  YES\*  NO  NA

Current Premiums\*  % To Attractions

*\*IF APPLICABLE*

***\*If Yes or History Exists Request Loss Runs***

Garaging Location

General Liability Needed  YES  NO  NA

### Requested Coverages

Liability  Uninsured Motorist  Comp & Collision  PIP Coverage

Year	Make & Model	VIN	Value	Seating Capacity	Limo Length	Radius of Operations	Comp/Coll Deductible
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*\*INQUIRE IF INDIVIDUAL HAS COVERAGE ON A PERSONALVEHICLE AND WHERE*

Driver's Name	DOB	State	Driver's License	Years of Experience	Date of Hire
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Additional Comments/

Special Instructions

***\*ATTACH ADDITIONAL PAGES FOR MORE DRIVERS OR UNITS***

