



SERVICING CARRIER OPERATIONS
Commercial Vehicle
Pricing Indication Request

Email:

Applicant Info:

Applicant Name: _____ Date: _____

Agent Name: _____ Contact Person: _____ Phone #: _____

Nature of Business and ownership: _____ **Fax #:** _____

Specific Use of Vehicle: _____

Please Check One: FARM RETAIL WHOLESALE FOR-HIRE LONG HAUL

Will any Filings be necessary (check one)? ICC MDOT MCS-90(B) STATE FILINGS

List States/Cities the Insured Travels to:

Vehicle #1 Info:

Year: _____ Make: _____ Model: _____ Body Style: _____

VIN (if available): _____ GVW: _____

Cost New: _____ Cost of Special Equipment (describe): _____

City of Garaging: _____ Public Autos: City of Operation: _____

How many times per month will the vehicle be driven over a 50-mile radius? _____

List of Coverages Desired:

BIPD: _____ COMP: _____

PIP (is there work comp coverage?): _____ COLLISION: _____

MLPD: _____ UM: _____

Vehicle #2 Info:

Year: _____ Make: _____ Model: _____ Body Style: _____

VIN (if available): _____ GVW: _____

Cost New: _____ Cost of Special Equipment (describe): _____

City of Garaging: _____ Public Autos: City of Operation: _____

How many times per month will the vehicle be driven over a 50-mile radius? _____

List of Coverages Desired:

BIPD: _____ COMP: _____

PIP (is there work comp coverage?): _____ COLLISION: _____

MLPD: _____ UM: _____

ATTACH PRICING INDICATION WAIVER &
FAX TO 248-442-6494

Reset