



Henslee Insurance Agency, Inc.

### Commercial Auto Insurance Quote Form

Date \_\_\_\_\_ Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

#### Named Insured

Business name \_\_\_\_\_ Occupation \_\_\_\_\_

Name of driver #1 \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ D.O.B. \_\_\_\_\_ Driver License # \_\_\_\_\_ S.S.# \_\_\_\_\_

Name of driver #2 \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ D.O.B. \_\_\_\_\_ Driver License # \_\_\_\_\_ S.S.# \_\_\_\_\_

Name of driver #3 \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ D.O.B. \_\_\_\_\_ Driver License # \_\_\_\_\_ S.S.# \_\_\_\_\_

Name of driver #4 \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ D.O.B. \_\_\_\_\_ Driver License # \_\_\_\_\_ S.S.# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

County \_\_\_\_\_

Name of prior insurance company \_\_\_\_\_

Expiration date \_\_\_\_\_

How long did you have insurance with that company \_\_\_\_\_

Can you show at least 6 months of continuous insurance with no lapse \_\_\_\_\_

Driving record (any accidents, tickets, or claims in last 5 years)

Driver#1 \_\_\_\_\_

Driver#2 \_\_\_\_\_

Driver#3 \_\_\_\_\_

Driver#4 \_\_\_\_\_

#### Vehicles (Year, Make, Model, VIN, Gross Weight, & Value)

VIN's are 17 characters

Vehicle #1 \_\_\_\_\_

\_\_\_\_\_

Vehicle #2 \_\_\_\_\_

Vehicle #3 \_\_\_\_\_

Vehicle #4 \_\_\_\_\_

**Radius of Operations**

0-50 Miles \_\_\_ 51-100 Miles \_\_\_ 100-300 Miles \_\_\_ 301-500 Miles \_\_\_ All of Texas \_\_\_

**Coverage**

Liability Limits 30/60/25 \_\_\_ 50/100/50 \_\_\_ 100/300/100 \_\_\_ 250/500/100 \_\_\_ or  
Combined Single Limit Liability: 100,000 \_\_\_ 300,000 \_\_\_ 500,000 \_\_\_ 750,000 \_\_\_ 1,000,000 \_\_\_

Other than collision deductible (comp) 250 \_\_\_ 500 \_\_\_ 1,000 \_\_\_ 2,500 \_\_\_ 5,000 \_\_\_

Comp Vehicle (yes or no) 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_

Collision deductible 250 \_\_\_ 500 \_\_\_ 1,000 \_\_\_ 2,500 \_\_\_ 5,000 \_\_\_

Collision Vehicle 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_

**Optional Coverage**

Uninsured/Under insured Motorists 30/60/25 \_\_\_ 50/100/50 \_\_\_ 100/300/100 \_\_\_  
250/500/100 or combined single limit 100,000 \_\_\_ 300,000 \_\_\_ 500,000 \_\_\_  
750,000 \_\_\_ 1,000,000 \_\_\_

Personal Injury Protection 2500 \_\_\_ Medical Payments 1,000 \_\_\_

Rental reimbursement 30 \_\_\_ 40 \_\_\_ 50 \_\_\_ a day.

# of additional insureds \_\_\_ # of waiver of Subrogation \_\_\_

Roadside Assistance \_\_\_\_\_

Employers non-ownership liability (yes or no) \_\_\_ # of employees \_\_\_

Hired car coverage (yes or no) \_\_\_

Do you have General Liability insurance \_\_\_

Are you a member of the Better Business Bureau \_\_\_\_\_

**Send completed form to [hensleeinsurance@gmail.com](mailto:hensleeinsurance@gmail.com) or fax to (817)447-3743. You can call us at (817)447-2771**

**Thank You For Your Submission We Will Get Back To You Very Soon....**