



Commercial Auto Insurance Quote Form

Henslee Insurance Agency, Inc.

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 on Vehicle 1 2 3 4

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

Collision on 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 Medical Payments

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 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....**