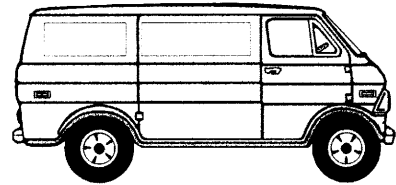


Commercial Auto Quote

FAX TO: (412) 271-8898



GENERAL INFORMATION

NAME (Titled): _____ CONTACT: _____
ADDRESS: _____ PHONE: _____
CITY: _____ ST: _____ ZIP: _____ CONTACT: _____
BUSINESS DESCRIPTION: _____
CURRENT CARRIER: _____ X-DATE: _____ PREMIUM: _____

DRIVER INFORMATION PLEASE BE TRUTHFUL! Insurance Company will obtain various reports. Any undisclosed accidents, violations will result in an increase in premium or cancellation of coverage.

	<u>NAME</u>	<u>D.O.B.</u>	<u>DRIVERS LICENSE #</u>	<u>ACCIDENTS / VIOLATIONS / DATE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

As an option to completing below, Fax Auto Schedule & Coverage Page from current Policy

VEHICLE INFORMATION

<u>YEAR</u>	<u>MAKE</u>	<u>TYPE / MODEL</u>	<u>VIN #</u>	<u># OF CUSTMR PSSGRS</u>	<u>#MTHS IN USE PER YR</u>	<u>RADIUS OF USE (MILES)</u>	<u>DEDUCTIBLES COMP / COLL</u>
1.	_____	_____	_____	_____	_____	_____	/
2.	_____	_____	_____	_____	_____	_____	/
3.	_____	_____	_____	_____	_____	_____	/
4.	_____	_____	_____	_____	_____	_____	/
5.	_____	_____	_____	_____	_____	_____	/

LIMITS OF INSURANCE

LIABILITY LIMIT: _____
UNINSURED MOTORIST: _____
UNDERINSURED MOT: _____
MEDICAL PAYMENTS: _____
TOWING (List Vehicle #s): _____
RENTAL (List Vehicle #s): _____
VEHICLES LEASED (#s): _____

UNDERWRITING INFORMATION (Please Circle "Y" or "N")

Any vehicles altered or have special Equipment? Y N
Any vehicles used by family members? Y N
Are any drivers not covered by workers compensation? Y N
Are PUC, ICC or any other filings required? Y N
Any auto claims in the past 4 years? Y N

Thompson - Gusic Insurance Group, Inc.
2140 Ardmore Blvd * Pittsburgh, PA 15221

(412) 271-8888
insurance@thompsongusic.com