



J&C Corbett Insurance Services, Inc.

www.corbett-insurance.com

P.O. Box 929
800 400-1125

DAVIS, CA 95617-0929
530 419-2000

Lic No.: OD34028
FAX: 530 419-2018

COMMERCIAL AUTO INSURANCE

Please fill out and fax or mail this form for a quote.

There is no obligation.

1. Business Name _____

Sole Owner Partnership Corporation Years in Business _____ # of Employees _____

Owner or Officer Name _____ Social Security # _____

Owner or Officer Name _____ Social Security # _____

2. Email _____

3. Mailing Address _____

City _____ County _____ Zip _____

4. Garaging Address _____

5. Phone () _____ Fax () _____

| | | | |
|-----------------------------|--------------------------------------|-------------------------------|----------------------------------|
| 6. Limits of Auto Liability | <input type="checkbox"/> \$1,000,000 | 7. Physical Damage Deductible | <input type="checkbox"/> \$1,000 |
| | <input type="checkbox"/> \$500,000 | | <input type="checkbox"/> \$500 |
| | <input type="checkbox"/> \$300,000 | | <input type="checkbox"/> \$250 |

8. Vehicles (if more than three, list additional autos on a separate sheet.)

Year _____ Make _____ Model _____ VIN _____ Value New _____

Year _____ Make _____ Model _____ VIN _____ Value New _____

Year _____ Make _____ Model _____ VIN _____ Value New _____

9. Drivers (if more than three, list additional drivers on a separate sheet.)

Name _____ Date of Birth _____

License # _____ Violations/Accidents for the last 5 years _____

Name _____ Date of Birth _____

License # _____ Violations/Accidents for the last 5 years _____

Name _____ Date of Birth _____

License # _____ Violations/Accidents for the last 5 years _____

10. Name of current insurance company _____

Dates of coverage _____ Current premium _____