



GARAGE MOBILE DETAILING

QUICK QUOTE

Effective Date: _____ Date Needed: _____ Agency Contact: _____

Agency Name: _____ Email: _____ Phone: _____

Insured: _____ Entity: Individual DBA INC LLC Partnership

Street: _____ City: _____ State: _____ ZIP: _____

New Venture: Yes No If YES, number of years experience: _____ Years In business: _____

Prior carrier (3 years if possible): 1 _____ 2 _____ 3 _____

Losses in the past 3 years: 1 _____ 2 _____ 3 _____

Has insured been canceled or non-renewed? Yes No If YES, why? _____

EMPLOYEE INFORMATION All owners/officers/employees/family members (NOTE: Out of state licenses must be approved)

| NAME | DATE OF BIRTH | LICENSE # | FULL TIME/PART TIME |
|------|---------------|-----------|---------------------|
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PLEASE COMPLETE THE PERCENTAGE OF YOUR SALES AND/OR REPAIR OPERATION FOR THE FOLLOWING

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|---------------------------------------|---|
| Priv. Pass. Veh, SUVs, & Light Trucks | % |
| Motorcycles & ATVs | % |
| All Terrain Vehicles | % |
| Motor Homes | % |

| | |
|---|---|
| Heavy Truck | % |
| Buses | % |
| Boats | % |
| Utility trailers, Semi-Trailers, Trailers | % |

Does the insured have a physical location? Yes No If YES, please provide: _____

Do customers bring autos to you? Yes No

Do you pick up/deliver autos? Yes No Radius of operations: _____

What percentage of operations are mobile in nature? _____%

Are autos moved by the insured/employees from one address to another? Yes No

Do you transport autos from one rental location to another rental location during detail process? Yes No

Does insured perform pressure washing/detailing of anything other than autos? Yes No

What: _____ Gross receipts: _____

Liability limits: _____ Med Pay: _____ Personal & Advertising Injury: _____

Damage to Rented Premises: _____ Garagekeepers legal liability limit: _____ Deductible: _____

Max/Auto Limit: _____

| VEHICLE YEAR, MAKE & MODEL | RADIUS | GVW | STATED VALUE | VIT LIMIT | DEDUCTIBLE |
|----------------------------|--------|-----|--------------|-----------|------------|
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