

NARTKER & CHRISTENSEN INSURANCE SERVICES, INC.

PLEASE FAX BACK TO KEVIN JOHNSON @ 916-961-8321

PH: 866-496-2827 kevin@nartker-christensen.com

Commercial Auto Quote Sheet

GENERAL INFORMATION:

Owner Name: _____ Effective Date: _____

Business Name: _____

Business Address: _____

CA/DOT Filing #: _____ Business Description: _____

COVERAGE INFORMATION:

Liability Limit: _____ Uninsured Motorist: _____ Medical: _____

Rental Reimbursement: Y / N Towing Coverage: Y / N Comp/Collision Deductibles: _____

VEHICLE INFORMATION:

<u>Year:</u>	<u>Make:</u>	<u>Model:</u>	<u>VIN</u>	<u>Comp/Collision</u>
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N

DRIVER INFORMATION:

First Name: _____ Last Name: _____ DOB: _____ DL#: _____

PAST INSURANCE INFORMATION:

Policy Year: _____ Insurance Company: _____ Policy Number: _____
