

**K&M Henderson Insurance :: EZ Quote Form :: Commercial Auto Quote**

please fill out all form fields as applicable. When you are finished you may email it to us by simply hitting the 'Submit' button at the bottom, or you may print it and fax back to us. \*note, you can not save data in a PDF form

Fax: 916.788.1991 | Office: 916.788.8191 | Email: info@hendersoninsure.com

Name: Phone:

Business Name: Email:

Mailing Address :

Zip: Fax:

Describe Business Usage:

**List All Owner & Employee Drivers:**

Name:	Date of Birth:	License #:	Married? y/n :
Name:	Date of Birth:	License #:	Married? y/n :
Name:	Date of Birth:	License #:	Married? y/n :
Name:	Date of Birth:	License #:	Married? y/n :

**List All Vehicles: Year, Make, Model, VIN#, Gross Vehicle Weight, Cost New, Current Value**

1.
2.
3.
4.
5.
6.

Current Auto Company Coverages & Details:

Company:	Expiration Date:	Current Rate :
----------	------------------	----------------

Limits of Liability :	Deductibles Desired :	PUC Filing Needed? :	Deductibles: (Comp)
\$100,000	\$250	yes	\$100
\$300,000	\$500	no	\$250
\$500,000	\$1000		\$500
\$1,000,000	\$1,500		\$1,000
\$2,000,000			
\$3,000,000			
Any Towing Operations?	Any Out of State Operations?	Any Transportation of Property?	
yes	yes	yes	
no	no	no	
		if so, which Type:	

**Claims History : List claims in last 5 years**

Comments: