



# RLI Marine Commercial Auto Quote Information

Proposed Effective Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Entity Type:  Sole Proprietor  Partnership  Corporation  LLC/LLP  Other: \_\_\_\_\_

Current Carrier: \_\_\_\_\_

Loss History:  No losses (Note: Have insured sign a statement of no losses if bound.)  
 5 year Loss runs attached. (Note: Five year loss history required to qualify for UPCIP.)  
 Quote subject to acceptable loss history.

### Auto Liability Limits

Liability Limit \_\_\_\_\_

Medical Payment / PIP Limit \_\_\_\_\_

Uninsured / Underinsured Limit \_\_\_\_\_

Comprehensive Deductible \_\_\_\_\_

Collision Deductible \_\_\_\_\_

Hired Liability  Yes  No Estimated Cost of Hire: \_\_\_\_\_ or  If any

Non-Owned Liability  Yes  No Number of Employees: \_\_\_\_\_

Other Coverages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Automobile Information

Year	Make	Model	VIN #	Garaging City/Zip	Cost New	Type of Coverage
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability Only

### Driver Information

Name	Date of Birth	Drivers License Number	State