

Brokerage **Huckaby Insurance Services**

Lic. # 04401234

790 S. Winchester Blvd. Suite 200  
San Jose Ca. 95128

17760 Monterey Rd  
Morgan Hill Ca. 95037

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Contractors@Huckabyins.com

Off: 408 -778-0125 Fax: (408) 778-7712  
Website Huckabyins.com

Business  
Vehicle

**Quote  
Application**

**INSTRUCTIONS**

If a question is not applicable mark it NA or put a line through it, but do not leave it blank. If there is insufficient space for any answer please use a separate sheet of paper. If you have any questions please call us toll free using the phone number above. **Information provided in this application will be HELD IN CONFIDENCE and shared only with Insurance providers from which we seek quotes.**

**APPLICANT INFORMATION**

Bus ph# \_\_\_\_\_ Bus Fax # \_\_\_\_\_

Cell ph# \_\_\_\_\_ Email Add \_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Website Address \_\_\_\_\_ FEIN number \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

**List named Insured/s – DBA-** Business is: Corp. \_\_\_ Partnership \_\_\_ Sole Proprietor \_\_\_ Joint Venture \_\_\_ Other \_\_\_

Years in Business. \_\_\_\_\_ Years of Experience \_\_\_\_\_

**Prior Insurance**

Name of current Insurance Carrier \_\_\_\_\_ Expiring premium-\$ \_\_\_\_\_

**Driver List-** List all drivers below:

Dr #	Driver Name	Sex	Marr'd Status	Date of Birth	Yrs. Exp	Yr. Lic	Dr. Lic Number	St	Date Hired	Use Veh#	% Use
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**VEHICLE LIABILITY LIMITS**

**Liability** Per person \$50,000 \$100,000 \$250,000 \$500,000  
 Per Accident \$100,000 \_\_\_ \$300,000 \_\_\_ \$500,000 \_\_\_ \$1,000,000 \_\_\_ CSL \$1,000,000 \_\_\_

**Uninsured Motorist** Per person \$50,000 \$100,000 \$250,000 \$500,000  
 Per Accident \$100,000 \_\_\_ \$300,000 \_\_\_ \$500,000 \_\_\_ \$1,000,000 \_\_\_ CSL \$1,000,000 \_\_\_

I do not want to carry Uninsured Motorist Protection \_\_\_

**Medical Coverage** Per Person \$1,000 \_\_\_ \$2,000 \_\_\_ \$5,000 \_\_\_ \$10,000 \_\_\_ \$25,000 \_\_\_

I do not want to carry Medical Coverage \_\_\_

**VEHICLE DESCRIPTION - List Vehicles below**

**Business** - is for passenger autos and SUV's **Commerical** - is for truck used for hauling delivery etc. **Service** - is for pickups traveling to jobs sites with tools and supplies and sales calls

Veh # \_\_\_ Yr. \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Type \_\_\_\_\_ Cost New \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 ID# \_\_\_\_\_ **Garaged:** City \_\_\_\_\_ St \_\_\_ Zip \_\_\_\_\_ Gross Veh. Weight \_\_\_\_\_ LBS  
 Drive to <15 mi. \_\_\_ Pleasure \_\_\_ Commerical \_\_\_ Comprehensive Deductible \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5K \_\_\_  
 Work 15 mi.+ \_\_\_ **USE** Business \_\_\_ Service \_\_\_ Collision deductible \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5K \_\_\_

Veh # \_\_\_ Yr. \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Type \_\_\_\_\_ Cost New \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 ID# \_\_\_\_\_ **Garaged:** City \_\_\_\_\_ St \_\_\_ Zip \_\_\_\_\_ Gross Veh. Weight \_\_\_\_\_ LBS  
 Drive to <15 mi. \_\_\_ Pleasure \_\_\_ Commerical \_\_\_ Comprehensive Deductible \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5K \_\_\_  
 Work 15 mi.+ \_\_\_ **USE** Business \_\_\_ Service \_\_\_ Collision deductible \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5K \_\_\_

Veh # \_\_\_ Yr. \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Type \_\_\_\_\_ Cost New \$ \_\_\_\_\_ Current Value \$ \_\_\_\_\_  
 ID# \_\_\_\_\_ **Garaged:** City \_\_\_\_\_ St \_\_\_ Zip \_\_\_\_\_ Gross Veh. Weight \_\_\_\_\_ LBS  
 Drive to <15 mi. \_\_\_ Pleasure \_\_\_ Commerical \_\_\_ Comprehensive Deductible \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5K \_\_\_  
 Work 15 mi.+ \_\_\_ **USE** Business \_\_\_ Service \_\_\_ Collision deductible \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5K \_\_\_

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 Drive to <15 mi. \_\_\_ Pleasure \_\_\_ Commerical \_\_\_ Comprehensive Deductible \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5K \_\_\_  
 Work 15 mi.+ \_\_\_ **USE** Business \_\_\_ Service \_\_\_ Collision deductible \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500 \_\_\_ \$5K \_\_\_

Lienholder, Leaser's addresses, loan numbers not needed for quoting purposes

**DESCRIBE ALL OPERATIONS -**

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**GENERAL INFORMATION -** *(Explain all yes responses in Remarks at end of section)*

- 1) With the exception of encumbrances are any vehicles not solely owned by the registered to the applicant?  
Yes \_\_\_ No \_\_\_
- 2) Do over 50% of the employees use their autos in the business?  
Yes \_\_\_ No \_\_\_
- 3) Is there a Vehicle maintenance program in operation?  
Yes \_\_\_ No \_\_\_
- 4) Are any vehicles leased to others?  
Yes \_\_\_ No \_\_\_
- 5) Are any vehicles customized, altered, or have special equipment?  
Yes \_\_\_ No \_\_\_
- 6) Are ICC, PUC or other filings required?  
Yes \_\_\_ No \_\_\_
- 7) Do operations involve transporting hazardous material?  
Yes \_\_\_ No \_\_\_
- 8) Any hold harmless agreements?  
Yes \_\_\_ No \_\_\_
- 9) Any vehicles used by family members? *(If so, identify in remarks and list their information on drivers list with other drivers)*  
Yes \_\_\_ No \_\_\_
- 10) Do you obtain MVR's for all your drivers? *(We provide this service for our clients)*  
Yes \_\_\_ No \_\_\_

**General Information - Continued**

11) Do you have a specific driver recruiting method?

Yes \_\_\_ No \_\_\_

12) Are any drivers not covered by workers compensation?

Yes \_\_\_ No \_\_\_

13) Any vehicles owned but not scheduled on this application?

Yes \_\_\_ No \_\_\_

14) Any drivers with moving traffic violations?

Yes \_\_\_ No \_\_\_

**REMARKS -** List any losses during last 3 years in remarks

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Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**Send completed forms to Email Address [contractors@huckabyins.com](mailto:contractors@huckabyins.com)**

Fax to: 408-249-7446 local Fax toll free to: 888-266-0067