



Application for Auto Quote

Name of Applicant:	
DBA:	LIC Number:
Garaging Address:	
Mailing Address:	
Phone Number(s):	Years in Business:
Company Description:	

Types of Coverage and Limits Offered: (Please circle coverage that you want to purchase)

- ⌘ **Liability:** Covers bodily injury and property damage or the other party.
Limits (CSL): \$50,000 / \$100,000 / \$250,000 / \$500,000 / \$750,000 / \$1,000,000 / Other: _____
Combined Single Limit (CSL) - Liability policies commonly offer separate limits that apply to bodily injury claims and to claims for property damage. "50/100/25" is shorthand under such a policy for \$50,000 per person/\$100,000 per accident for bodily injury claims and \$25,000 for property damage. A combined single limits policy might cover for \$100,000 per covered occurrence whether bodily injury or property damage, one person or many.

- ⌘ **Comprehensive:** Covers damage to your vehicle other than collision. Example: Theft, Vandalism, Fire, Flood, etc.
Deductibles: \$250 / \$500 / \$1000 / None / Other: _____

- ⌘ **Collision:** Covers damage to your vehicle in case of a collision. Example: Colliding with a tree, Car, etc.
Deductibles: \$250 / \$500 / \$1000 / None / Other: _____

- ⌘ **Medical:** Covers for medical expenses after your own medical in case of an accident.
Limits: \$500 / \$1,000 / \$2,000 / \$5000 / None

- ⌘ **Non-Owned:** Coverage of employee-owned vehicles used while performing work for insured. This is in excess to their own auto insurance policy. YES___ NO___ If YES, how many employees: _____

- ⌘ **Uninsured Motorists:** Covers in case other party does not have insurance or their limits are lower.
 \$30,000 / \$60,000 / \$100,000 / \$300,000 / \$750,000 / None

Vehicles to be insured:

Year	Maker	Model	Coverage Desired	Value of Vehicle	Vehicle ID # (VIN)
				\$	
				\$	
				\$	
				\$	

For more vehicles please use separate sheet of paper.

9940 BUSINESS PARK DR, SUITE 120, SACRAMENTO, CA 95827
(800) 750-BOND (2663) ★ (916) 368-4747 ★ FAX (916) 914-1313
LICENSE NUMBER: OD58571 ★ WWW.CBSBOND.COM



Drivers to Be Insured:

Last Name, First Name	CA Driver's License #	Married or Single	Tickets, Accidents (Last 3 years)	Date of Birth

To list more drivers please use separate sheet of paper.

Previous/Current Auto Insurance Company:		
Policy #:	Effective Dates From:	To:
Claims:	Current Policy Limits:	

Please list in the space provided below any special circumstances that may have not been addressed:

***PLEASE COMPLETE THOROUGHLY AND FAX BACK TO (916) 367-4334 ATTN: _____**

As a full service agency for contractors, CBS, Inc. is pleased to offer a complete line of construction related services and products. For more information concerning the items detailed below, please check the areas of interest and return to us.

YES, I'm interested in:

- | | |
|--|---|
| <input type="checkbox"/> A no-obligation General Liability Insurance quote | <input type="checkbox"/> Registering as a California Corporation |
| <input type="checkbox"/> A no-obligation Workers' Compensation Insurance quote | <input type="checkbox"/> Construction Dispute and Arbitration info. |
| <input type="checkbox"/> A no-obligation Performance Payment Bond quote | <input type="checkbox"/> Estimating Trade Books and Software |
| <input type="checkbox"/> Adding an Additional Classification to my Contractors License | <input type="checkbox"/> Lien Forms and Contracts |

If you have any questions regarding the application or would like to talk about you insurance and licensing needs, please call us toll FREE (800) 750-2663. Thank you again for the opportunity to serve you!

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