



**General Information**

**Automobile Quote Request**

- 1. Firm name: \_\_\_\_\_
- 2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3. Firm address, if different than mailing address: \_\_\_\_\_
- 4. Principal Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- 5. Website: \_\_\_\_\_
- 6. Federal Tax #: \_\_\_\_\_
- 7. Firm Type: Corp.  Partnership  LLC/LLP  Sole Proprietorship  Joint Venture  Other  Specify: \_\_\_\_\_
- 8. Any Auto losses in the past five years? If yes, please explain.....Yes  No

**Automobile Liability Coverage**

- 9. Current Effective Date of Coverage: \_\_\_\_\_ Current Carrier: \_\_\_\_\_
- 10. What are the limits and deductibles you desire for each of the following?  
Automobile Liability Limit: Medical Payment Limit: Uninsured/Underinsured Motorist Limit: Comprehensive Deductible: Collision Deductible:  
\_\_\_\_\_

**Automobile Information**

11. Please provide a list of all vehicles to be insured, include the Year, make, model and complete VIN number

**Driver Information**

12. Please provide a list of all drivers to be insured, Name, Date of Birth, License number and State

**Other Automobile Information**

- 13. a) Has your business had any vehicle losses in the last five years? ..... Yes  No
- b) If yes, please list them and include dates:..... Yes  No

**Your Signature and Authorization**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Applicant's Signature: \_\_\_\_\_

**To submit the application follow the instructions in the order listed below.**

- 1. Save a copy of the completed application to your computer for your records.
- 2. Print, sign, and mail or fax a copy of the completed application to Hall & Company at the address below. (A signed application is needed to complete underwriting.)
- 3. Submit this completed electronic application to Hall & Company. Alternatively, you can fax the application to (360) 598-3703.  
When you press the Submit button an e-mail window will open with the application attached. Please attach to this e-mail any additional information, if needed.  
If you use a web based e-mail program, such as Hotmail or Yahoo, please save the completed application to your computer and e-mail it along with any additional information to pcrdesk@hallandcompany.com.