

**TP Insurance Broker LLC**  
**"Get quoted and save!"**

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**Commercial AUTO Insurance Quote Information**

Business Name: \_\_\_\_\_  
dba: \_\_\_\_\_ DL: \_\_\_\_\_  
SSN/EIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_  
Entity Type: \_\_\_ Sole Proprietorship \_\_\_ Partnership/LLP \_\_\_ LLC \_\_\_ Corp \_\_\_ Other (list): \_\_\_  
Business Type: \_\_\_\_\_ Year Established: \_\_\_\_\_  
Number Employees: \_\_\_\_\_ Annual Sales (\$): \_\_\_\_\_ Building: \_\_\_\_\_ Own \_\_\_ Rent  
Totals Locations: \_\_\_\_\_ Area occupied at this location (sqft): \_\_\_\_\_  
Contact Person (First, Last): \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**DRIVER INFO**

Driver #1 (First, Last): \_\_\_\_\_  
DOB: \_\_\_\_\_ DL: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_ Date Hire: \_\_\_\_\_  
VEH #1 VIN: \_\_\_\_\_ Own \_\_\_ Lease: \_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Driver #2 (First, Last): \_\_\_\_\_  
DOB: \_\_\_\_\_ DL: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_ Date Hire: \_\_\_\_\_  
VEH #2 VIN: \_\_\_\_\_ Own \_\_\_ Lease: \_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Driver #3 (First, Last): \_\_\_\_\_  
DOB: \_\_\_\_\_ DL: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_ Date Hire: \_\_\_\_\_  
VEH #3 VIN: \_\_\_\_\_ Own \_\_\_ Lease: \_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Driver #4 (First, Last): \_\_\_\_\_  
DOB: \_\_\_\_\_ DL: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_ Date Hire: \_\_\_\_\_  
VEH #4 VIN: \_\_\_\_\_ Own \_\_\_ Lease: \_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Driver #5 (First, Last): \_\_\_\_\_  
DOB: \_\_\_\_\_ DL: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_ Date Hire: \_\_\_\_\_  
VEH #5 VIN: \_\_\_\_\_ Own \_\_\_ Lease: \_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Driver #6 (First, Last): \_\_\_\_\_  
 DOB: \_\_\_\_\_ DL: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_ Date Hire: \_\_\_\_\_  
 VEH #6 VIN: \_\_\_\_\_ Own \_\_\_\_\_ Lease: \_\_\_\_\_  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

**Policy Coverage Amount Requested**

Bodily Injury: \_\_\_\_\_ \$25,000/\$50,000 \_\_\_\_\_ \$50,000/\$100,000 \_\_\_\_\_ \$100,000/\$300,000  
 \_\_\_\_\_ \$250,000/\$500,000 \_\_\_\_\_ \$500,000/\$1,000,000 \_\_\_\_\_ \$1,000,000/\$2,000,000  
 Property Damage: \_\_\_\_\_ \$25,000 \_\_\_\_\_ \$50,000 \_\_\_\_\_ \$100,000 \_\_\_\_\_ \$250,000  
 \_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000  
 Medical Payments: \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000  
 Uninsured Motorist: \_\_\_\_\_ \$25,000/\$50,000 \_\_\_\_\_ \$50,000/\$100,000 \_\_\_\_\_ \$100,000/\$300,000  
 \_\_\_\_\_ \$250,000/\$500,000 \_\_\_\_\_ \$500,000/\$1,000,000 \_\_\_\_\_ \$1,000,000/\$2,000,000  
 Coverage/Deductible (COMP & COLL): \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$1,500 \_\_\_\_\_ \$2,000  
 Towing & Labor: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Current Carrier: \_\_\_\_\_ Limits: \_\_\_\_\_ Expires: \_\_\_\_\_  
 Number of Lost Time Claims\*: \_\_\_\_\_ Loss Amount: \_\_\_\_\_

**Please note this additional information:**

**\*Most recent 5-year Loss Run Report required (if applicable)**

In the connection with this application for insurance, our insurance carriers may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. Our insurance carriers may use third party in connection with development of your insurance score. This information may also be used to provide with a quote for other insurance products they offer.