



Guru Commercial
 Toll Free: 800-414-8781
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www.gurucommercial.com

Date: ___ Time: ___ Coverage Eff. Date: ___ Quote Needed by: ___ Referred by/Bus Developer: ___
 Date: ___ Time: ___ Coverage Eff Date: ___ Quote Needed by: ___

SS# _____ Fed ID/Tax ID _____ Sole Prop. _____ Corp/LLC _____ Partnership _____
 MC# _____ DOT# _____ CA# _____ MCP-65 Filings Required? _____
 Years in Industry: _____ Years Owned equipment/Years in Business? _____
 Insured Name: _____ Phone# _____
 Business Name: _____ Fax # _____
 Mailing Addr: _____ Mobile # _____
 Garaging Addr: _____ Email: _____
 Type of Cargo: _____
 Type of Carrier: For Hire Private Other Sub-haulers Yes No Gross Receipt: \$

	Unit #	Year	Make	Model	Value	Deductible	Annual Miles	GVW	Radius	Mostly States Traveled
1										
2										
3										
4										
5										
6										

	Driver Name	Lic. #	St	DOB	Acc.	Tickets	Yrs. Lic.	Yrs. Driving Experience	Notes
1									
2									
3									
4									
5									
6									

Prior Policy Dates		Carrier Name	Coverage Type LIAB /PHD/MTC	Policy #	# of units Insured	Any Losses (Yes or No)	Amount Paid	Driver Involved in Loss
	To							
	To							
	To							
	To							

Liability Coverage
 Auto Liab. Limit: _____ Cargo: _____ Ded. _____ Reefer BD Ded. _____ Phy Dam. Ded: _____ Gen. Liab _____
 Estimated Annual miles: _____ Estimated Gross Receipts _____
 Should we order the loss runs for you _____

Notes: