J. Archer Insurance Group

Commercial Auto Quick Quote

5252 Westchester St., Ste 260, Houston, TX 77005 • 281-501-8331 info@archerinsgroup.com • www.archerinsgroup.com

Request for Commercial Auto Quotation

Complete in full. Type N/A if a field does not apply. To serve you best we ask to act as your exclusive broker. Return to service@archerinsgroup.com.

Business Information

How soon do you need quotes? Due Date: **Desired Effective Date:**

Legal Business Name **DBA / Trade Name (if any)**

Mailing Address **City** **State** **ZIP**

Business Phone **Website** **Social Media Handles**

Business Owner Name **Cell Phone** **Email**

Primary Contact Name **Cell Phone** **Email** **Title**

Entity Type: ☐ Corp ☐ LLC ☐ Sole Prop ☐ Partnership ☐ Non-Profit **Other:**

FEIN or SSN **Year Business Started** **NAICS / SIC Code** look up **Owner Yrs in Industry**

Gross Sales – Last 12 Mo $ **Projected Sales – Next 12 Mo $** **Prior Year Annual Payroll $** **Est. Annual Payroll (current yr) $**

Total # Employees **Current Annual Premium – all lines requested $**

Describe Business Operations & Use of Vehicles *(what you haul/transport, radius, occupational hazards)*

Current Insurance & Filings

Current Auto Carrier: **Annual Premium $:** **Expiration Date:**

Federal / State Filings? ☐ USDOT ☐ MC ☐ SR22 ☐ None ☐ Other (type & #):

USDOT #: **MC #:** **FMCSA/ICC Docket #:**

Auto Coverage Requested

Liability Select... **UM / UIM** Select...

Medical Payments Select... **PIP (if available)** Select...

Phys Dam Deductible Select... **Hired / Non-Owned Auto** Select...

Cargo Limit Select... **Cargo Deductible $:**

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Vehicle Use & Operations

Garaging Address (if different from mailing):

Cities/Areas of Operation: **Radius:** Select...

Vehicles owned but not listed below? Yes No **# Power Units:** **# Trailers:**

Haul hazardous materials? Yes No **Interstate or Intrastate?**

Vehicles used for livery / passengers (shuttle, rideshare)? Yes No **Equipment attached? Value $:**

Vehicles used for delivery or hauling goods for others? Yes No

Vehicle List

Complete or attach your vehicle schedule

#	Year	Make	Model	VIN	Value $	Lienholder

Driver List

Complete or attach your driver list + MVRs

#	Driver Name	Date of Birth	License #	State	Yrs	CDL (Y/N)

Any auto losses / claims in the past 5 years? (if yes, explain below) Yes No

Required with this submission (all needed to quote):
Copy of current policy • any insurance requirements • list of additional insureds • list of lienholders • 5-year loss runs

☐ **Broker of Record / Exclusive Representation Acknowledgment**
I authorize J. Archer Insurance Group to market my account and act as my exclusive broker for this submission. I understand duplicate submissions by other agents can cause carriers to block our access and delay or jeopardize the best available pricing.

Applicant Signature: **Date:**

Print Name & Title:

Save the completed form and email it to service@archerinsgroup.com

Your Dedicated Commercial Team Leads
Syed "Sunny" Hyder — Sr. Underwriting & Commercial Specialist
Julia Reyes — Account Manager • Shane Dela Cruz — Support

Return completed form to service@archerinsgroup.com *281-501-8331 • Se habla español*