



Application for Auto Quote

Name of Applicant:	
Company Name:	CSLB License #:
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): \$100,000 / \$300,000 / \$500,000 / \$750,000 / \$1,000,000

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 / \$2500
- ⌘ **Collision:** Covers damage to your vehicle in case of a collision. Example: Colliding with a tree, Car, etc.
Deductibles: \$250 / \$500 / \$1000 / \$2500
- ⌘ **Medical:** Covers for medical expenses after your own medical in case of an accident.
Limits: \$1,000 / \$2,000 / \$5000
- ⌘ **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 (per person/per acc.)
 \$15,000/\$30,000; \$25,000/\$50,000; \$30,000/\$60,000; \$50,000/\$100,000; \$100,000/\$300,000

Vehicles to be insured:

Year	Make (Ford, GMC)	Model (F150, Ranger)	Coverage Desired	Value of Vehicle	Vehicle ID # (VIN)
1.				\$	
2.				\$	
3.				\$	
4.				\$	

For more vehicles please use separate sheet of paper.

Filings Information:

Does Applicant require a MCP 65 (Motor Carrier Permit)? No Yes (Permit #: _____)

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
1.				
2.				
3.				
4.				
5.				
6.				

To list more drivers please use separate sheet of paper.

Previous/Current Auto Insurance Company:		
Policy #:	Effective Dates From:	To:
Claims:	Prior Policy Limits:	
Continues coverage 1 yr (a Lapse over three (3) days between Insurance – NO continues coverage)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Please list in the space provided below any information regarding tickets/violations or any special circumstances that may have not been addressed:

***PLEASE COMPLETE THOROUGHLY AND FAX BACK TO (916) 914-1313 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 your 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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