



Insurance Services

PIAG INSURANCE SERVICES

Auto Insurance Quote Form

YOU MAY COMPLETE THIS FORM ELECTRONICALLY. For your convenience, this form is fillable in Acrobat.
PLEASE SUBMIT VIA FAX TO 770.433.3066. If filling out electronically, please print when complete and sign on page 2 of this form before faxing.

General Info

Company Name (provide full legal name including d/b/a where applicable):		Effective Date:
Physical Address:		Federal ID #
Mailing Address If Different From Above:		SIC/NAICS Code #
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
		<input type="checkbox"/> LLC
Contact Person:	Phone #:	
	Fax #:	

Coverages

Liability:	Uninsured Motorist:
Compensation Deductible:	Collision Deductible:
Hired/Non-Owned:	Medical Payments:
Rental Reimbursement:	Drive Other Car:

Commercial Autos

Vehicle Year & Make	Vehicle Identification #	Cost New	Business/Personal/Commercial	Garaged Zip Code



I hereby authorize the company indicated to obtain from the Georgia Department of Public Safety a copy of my Motor Vehicle Report for the use in rating/and or underwriting Auto Insurance on vehicles which I drive and any renewal thereof.

I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use.

Full Name <i>(Exactly what is on your license)</i>	Date of Birth	Drivers License #	State	Signature

Underwriting Questions:

- Are any vehicles not solely owned by and registered to the applicant? yes no
- Do employees use their autos in the course of business? yes no
- Do you require employees that drive their own vehicles on company business to furnish proof of insurance? yes no
- Is there a vehicle maintenance program in operation? yes no
- Are any vehicles customized, altered or have special equipment yes no
- Any vehicles used by family members? Is so, identify:

Driver's name and license number:

Driver's name and license number:

Driver's name and license number:

- Does the applicant obtain MVR verifications? yes no
- Does the applicant have a specific driver recruiting method?
- Are any drivers not covered by workers compensations? yes no
- Any vehicles owned but not scheduled on this application? yes no
- Any drivers with moving traffic violations? yes no

If yes please explain:



Thank you for choosing PIAG Insurance Services Agency to quote your Auto Insurance Policy!
Call us at 770.433.3050 with any questions.