



NEMT/Paratransit: Auto Liability Premium Indication

Please note: If we provide Auto Liability coverage, our program requires us to also write the General & Professional Liability coverage as well.

Agent Contact Information

Company: _____ Contact Name: _____

Direct Phone: _____ Email Address: _____

For a Premium Indication - Auto Liability Quote, please:

- 1) Download and complete a [Vehicle Schedule](#).
 - 2) Complete the following Premium Indication Questionnaire.
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Premium Indication Questionnaire

1. Company (Exact Legal Name of the NEMT/Paratransit entity):

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Direct Phone: _____

Email Address: _____ Website: _____

2. Number of Years in Operation: _____

3. Estimated Annual Gross Sales: _____

4. Radius of Miles Driven Daily: 0-50 51-100 Over 100

5. Insurance Coverage Requested (please select one option):

a. Auto Liability ONLY:

b. Auto Liability and Auto Physical Damage:

6. Number and Type of Vehicles:

(If you would also like an Auto Physical Damage quote, please provide Stated Value of each vehicle on the required [Vehicle Schedule](#).)

7. Claims History over the past 3 Years. (How many claims?):

8. Current or Renewal Premium? _____

9. Target Premium? _____

Please Confirm: I have completed the [Vehicle Schedule](#):

Please Note: After you click to Submit the **Premium Indication Questionnaire**, you must then attach the completed [Vehicle Schedule](#).

SUBMIT

RESET FORM

To submit, you must first download and save this form.