COMMERCIAL SPECIALISTS INSURANCE SERVICES
LIC # 0D80851
3315 Old Conejo Road, Thousand Oaks, CA 91320
PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS)
WWW.CSISONLINE.COM

PERSONAL AUTO

How did you hear about us?
❒ BIA ❒ Chamber of Commerce ❒ Current Client ❒ Email
❒ Google ❒ Mailer ❒ Yahoo ❒ Yellow pages
❒ Referral: _____ ❒ Website: _____

Named insured _____

Owner's name _____ Contact's name _____

Phone #: _____ Cell # _____ Fax # _____

Email: _____ Preferred method of contact: ❒ Phone ❒ Fax ❒ Email ❒ Mail

Mailing address: _____

Physical/Premise address _____

Current Auto Carrier: _____ Expiration date: _____

Driver Information:

Driver Name	D.O.B	License Number	Marital status	Violations/accidents in the last 3 years?
			❒ Single ❒ Married ❒ Divorced	❒ Yes ❒ No
			❒ Single ❒ Married ❒ Divorced	❒ Yes ❒ No
			❒ Single ❒ Married ❒ Divorced	❒ Yes ❒ No

Vehicle Information:

Year	Make/Model/Body Type	VIN	Current Odometer	Value	Radius of Operations (miles)
					❒ < 50 ❒ 50 -100 ❒ > 100
					❒ < 50 ❒ 50 -100 ❒ > 100
					❒ < 50 ❒ 50 -100 ❒ > 100

The following items MUST be provided to receive a quote:

THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.
ADDITIONAL INFORMATION MAY BE REQUIRED.

Select the desired coverages: BI: Bodily Injury   PD: Property Damage

****Liability****	Comp/Collision Deductible	****Uninsured Motorist BI****	Uninsured Motorist PD	Rental	Medical Payments
❑ 15/30/10	❑ 100	❑ 15/30		❑ 25/day	❑ 1000
❑ 25/50/25	❑ 250	❑ 25/50	❑ 3500	❑ 35/day	❑ 2000
❑ 50/100/50	❑ 500	❑ 50/100		❑ 50/day	❑ 5000
❑ 100/300/100	❑ 1000	❑ 100/300		❑ 75/day	❑ 10,000
❑250/500/100	❑ 2500	❑ 500/500			❑ 25,000
❑ 300,000 ❑ 500,000					

****ALL VEHICLES MUST CARRY SAME LIABILITY/UNINSURED MOTORIST COVERAGE****

Lender information:

Veh & Account #	Lender Name	Lender Address	Loss Payee	Additional Insured
			❑ Yes ❑ No	❑ Yes ❑ No
			❑ Yes ❑ No	❑ Yes ❑ No
			❑ Yes ❑ No	❑ Yes ❑ No

Special filing requirements:

_____

_____

_____

Any additional information, comments or concerns?

_____

_____

_____

_____   _____
                Signature   Date

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