

Adriana's INSURANCE

Lic.#0D36821

SERVICES INC.

Commercial Auto

*909-373-4790 *commercial@adrianasinsurance.com

What is the type of business/Cual es el tipo de negocio: _____

Insured Name/Nombre: _____

Mailing Address/Direccion de Correspondencia: _____

Garaging Address/Direccion de Garage: _____

Phone number/Numero de Telefono: _____

Do you have a MCP/CA#: _____ What is your mile radius: _____

Do you travel out of state?/Trabaja fuera del estado?: _____

Liability Limits

15/30/5
 25/50/25
 50/100/50
 100/300/100
 \$300CSL
 \$750 CSL
 \$1mCSL

Vehicle(s) Information

Year	Make	Model	VIN	Vehicle Stated Value	Vehicle Use Personal/Commercial/Both

*for comprehensive and collision coverage, please provide the vehicle stated value.

Driver(s) Information

Name	Date of Birth	Driver License	Marital Status

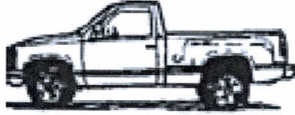
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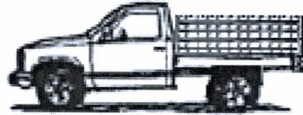
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Vehicle Body Type(s)



Pick-Up



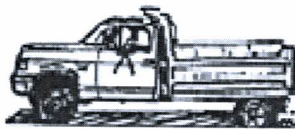
Light Stake Body



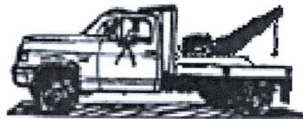
Passenger Van



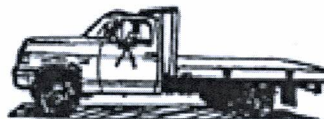
Cargo Van



Light Dump Truck



Light Tow Truck

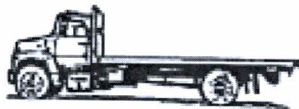


Light Flatbed



Light Step Van

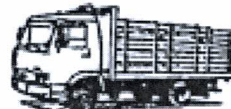
GVW 10,001 to 20,000 lbs.



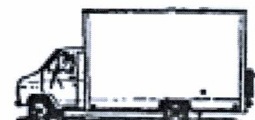
Medium Flatbed



Medium Step Van

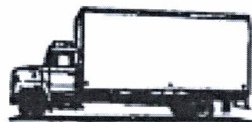


Stake Body

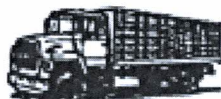


Straight Truck

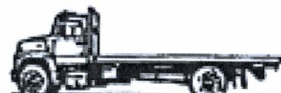
GVW 20,001 to 45,000 lbs.



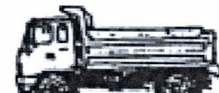
Hvy Straight Truck



Hvy Stake Body



Hvy Flatbed



Hvy Dump Truck