M&G INSURANCE SERVICES, INC

18062 Irvine Boulevard, Suite 105, Tustin, CA 92780
Phone: (800) 972-4442 Fax: (714) 505-2909
Agency Lic. # 0C77443 www.mginsuranceservices.com

Agent/Producer: Email:

Info Taken By:

Assigned To CSR:

REQUEST FOR LIMOUSINE/SHUTTLE QUOTE

Date: _____/_____/_____ CLIENT #: _____

Name: _____ Care of/DBA: _____

Tel #: _____ Fax #: _____ Email: _____

Mailing Address: _____ _____

Garaging Address: _____ _____

Description of operations: _____

Any ***PATIENTS*** transported? ☐ YES or ☐ NO If so, any wheelchair use or lift? ☐ YES or ☐ NO	Any ***SCHOOL CHILDREN*** transported? ☐ YES or ☐ NO Any ***UBER*** or similar transportation? ☐ YES or ☐ NO

Number of years with own commercial policy: _____ Radius: _____ Source of Business: _____

Limits:

Liability: $	U.M. ☐ YES or ☐ NO	General Liability: ☐ YES or ☐ NO

Vehicle(s): *(Copies of REGISTRATIONS will be required at time of binding)*

Year, Make & Model:	# of Passengers:	Stated Value:	Deductible:	Notes:
1.		$		
2.		$		
3.		$		
4.		$		
5.		$		

Driver(s): SUBMIT ALL MVR's FOR QUOTE *****MEDICAL CERT MUST BE CURRENT IF CLASS B OR A LICENSE******

Name: Last, First:	DL #:	Years Exp. (Livery):	DOB:	Tickets / Accidents	DL Class?	If Class **B** or **A**, Is Medical Current?
1.						☐ YES or ☐ NO
2.						☐ YES or ☐ NO
3.						☐ YES or ☐ NO
4.						☐ YES or ☐ NO
5.						☐ YES or ☐ NO

Filings Required:

% of Airport Exposure: _____%

PUC #: _____ AIRPORTS: ☐ BAY AREA ☐ LAX ☐ OC ☐ OTHER: _____

Prior Carrier & Loss Information: *(Loss runs will be required within 30 days of binding)*

SSN OR TAXPAYER ID #:

Number of claims in past 3 years: _____ Amount paid: _____

Current Ins Co.: _____ Policy #: _____ Expires On: _____

Prior Ins. Co.: _____ Policy #: _____ Effective dates: _____

Prior Ins. Co.: _____ Policy #: _____ Effective dates: _____

New Ventures Only: _____

Previous Employer(s) for last 3 years _____

COMMENTS: _____

_____