

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MGA: \_\_\_\_\_

CLIENT #: \_\_\_\_\_

### REQUEST FOR LIMOUSINE QUOTE: UP TO 5 VEHICLES

**M & G INSURANCE SERVICES, INC.**

Producer: \_\_\_\_\_

Phone: 714-505-2907 Fax: 714-505-2909

Name: \_\_\_\_\_ Care of/DBA: \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Garaging Address: \_\_\_\_\_

Description of operations: \_\_\_\_\_

Number of years with own commercial policy: \_\_\_\_\_ Radius: \_\_\_\_\_ Source of Business: \_\_\_\_\_

**Limits:**

Liability \$ \_\_\_\_\_ U.M.  YES or  NO Med. Pay:  YES or  NO

General Liability \$ \_\_\_\_\_ OFFICE: \_\_\_\_\_ PARKING: \_\_\_\_\_  Owned  Leased

**Vehicle(s):**

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

**Driver(s): SUBMIT ALL MVR's FOR QUOTE**

Name: Last, First	DL #:	Years Exp. Driving A Limo:	DOB:	Tickets/Accidents:
1.				
2.				
3.				
4.				
5.				

% of Airport Exposure: \_\_\_\_\_

Filings Required: PUC \_\_\_\_\_ AIRPORTS:  LAX  BAY AREA  OC  OTHER \_\_\_\_\_

**Prior Carrier & Loss Information:** (If any losses, submit loss runs within 30 days of binding)

Loss Ratio (last three years) \_\_\_\_\_ Number of brokers in the last 3 years: \_\_\_\_\_

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: \_\_\_\_\_