

# Moreno & Graham Insurance Services, Inc.

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Agency Lic. # 0C77443 [www.mginsuranceservices.com](http://www.mginsuranceservices.com)

Agent/Producer:

Email:

## REQUEST FOR LIMOUSINE/SHUTTLE QUOTE

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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

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

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

Any <b>PATIENTS</b> transported? <input type="checkbox"/> YES or <input type="checkbox"/> NO	Any <b>SCHOOL CHILDREN</b> transported? <input type="checkbox"/> YES or <input type="checkbox"/> NO
If so, any wheelchair use or lift? <input type="checkbox"/> YES or <input type="checkbox"/> NO	

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

### Limits:

Liability: \$ _____	U.M. <input type="checkbox"/> YES or <input type="checkbox"/> NO	General Liability: <input type="checkbox"/> YES or <input type="checkbox"/> NO
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### Vehicle(s): *(Copies of REGISTRATIONS will be required at time of binding)*

Year, Make & Model:	# of Passengers:	Stated 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:	Social Security #:
1.					
2.					
3.					
4.					
5.					

### 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)*

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: \_\_\_\_\_