



# ALABAMA PUBLIC AUTOMOBILE INSURANCE AGENCY, INC.

Telephone: 205.324.0406  
800.292.3828

Fax: 205.324.0598  
800.497.3828

P.O. Box 321215  
Birmingham, AL 35232-1215

apaia.com

## QUICK QUOTE FORM

APPLICANT (Company Name) DOT # FEIN

PRINCIPAL(S) SSN

PHYSICAL ADDRESS CITY STATE ZIP PHONE

EFFECTIVE DATE	BROKER	<b>FILINGS</b>			
		STATE	DOCKET #	STATE	DOCKET #
CARGO / OPERATION					

L = Liability  
PD = Physical Damage

C = Cargo  
GL = General Liability

EQUIPMENT						
COVERAGE	VIN	VEHICLE	RADIUS	STATED AMT	DEDUCTIBLE	LIMITS

IF RADIUS LESS THAN UNLIMITED, SPECIFY POINTS OF OPERATION:

	AVG ANNUAL MILES	AVG ONE WAY TRIP, LOADED
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DRIVER INFORMATION						RECORD
NAME	DL#	DOB	HIRE DATE	YEARS EXP	MARRIED?	

HOW LONG IN BUSINESS? IF LESS THAN TWO YEARS, WHO DID APPLICANT DRIVE FOR TO OBTAIN EXPERIENCE WITH SAME TYPE VEHICLE?

LOSS INFORMATION (ATTACH LOSS RUNS IF AVAILABLE)					
CARRIER	DATE	TYPE LOSS	PAID	RESERVE	DETAILS

WAS PREVIOUS COVERAGE CANCELLED OR NON-RENEWED? YES [ ] REASON:  
NO [ ]

COMMENTS: