

Texas Specialty Garage Quick Quote

Insured: _____

Address: _____

Type of Business: i.e. Used Car Sales Repair Shop Tire Sales Body Shop Detail Shop

What type of vehicles: ie Private Passenger Heavy Trucks Motorcycles

of Years in Business _____ Years Experience _____

Prior Carrier (incl policy dates & premium) _____

Loss Info (Date of loss, Details, Amount Paid, Open/Closed):

List of all Owners & ALL Employees & any other drivers;

Name	Age	Job Duties	Furnished Auto

Limits & Coverages

Liability _____

PIP _____

UM _____

Dealers Physical Damage _____

Garagekeepers _____

Medical Payments _____

Additional Info or other coverages desired:

Describe Lot Protection if GKL or Dealers Phys Dmg Desired:

