



# Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services  
2019 E Lamar Blvd, Suite 100  
Arlington, TX 76006  
817-277-6100 Phone  
817-261-7514 Fax

## Business Auto Insurance

Applicant's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

PROPOSED EFFECTIVE DATE:  
From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M. Standard Time at the address of the Applicant  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other \_\_\_\_\_

Years in Business: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**Garaged Address:** Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Physical Address:**  same as Mailing Address

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### CURRENT INSURANCE INFORMATION

Company Name (not agency): \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Years insured: \_\_\_\_\_ Premium Amount: \$ \_\_\_\_\_ Term:  6 Months  1 Year  Other If Other: \_\_\_\_\_

If less than 3 years, prior company: \_\_\_\_\_

Prior Losses/Dates (last 3 years): \_\_\_\_\_

### SCHEDULE OF AUTOS – Attach separate sheet if needed.

Car	Year	Make	Model	Gross Weight	Value	Loss Payee
1						
2						
3						
4						
5						
6						

### COVERAGES

Liability Limit  \$300,000  \$500,000  \$750,000  \$1,000,000

Comprehensive Deductible  \$100  \$250  \$500  \$1000

Collision Deductible  \$100  \$250  \$500  \$1000

Cargo Limit \$ \_\_\_\_\_

Physical Damage

Personal Injury Protection

Uninsured/Underinsured Motorist



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### DESCRIPTION OF OPERATIONS & VEHICLE USES

Whom do you haul for? \_\_\_\_\_

Cargo, business property, tools or other items transported: \_\_\_\_\_

\_\_\_\_\_

Radius: \_\_\_\_\_ Major Cities: \_\_\_\_\_

States (Include % of Each): \_\_\_\_\_

\_\_\_\_\_

#### Filings Required:

Texas DOT

ICC

Other: \_\_\_\_\_

Driver	Name	Birthdate	Years Experience	Violations/Dates
1				
2				
3				
4				
5				
6				

Please give any additional comments you feel appropriate for this quotation. If you have additional information where there was not enough room above, such as additional drivers, vehicles, driver histories, etc..., please enter them here, or add additional sheets for information as needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_