



Help you to protect future

For more information, contact our office at: 732-820-0047

Completed form send to: Fax (609) 423-1273 or

Email: inquiry@neptunefinserve.com

TO GET PROPER DISCOUNT, PLEASE ENTER ALL DATA CORRECT & READABLE

Commercial Auto Insurance Quote Form

Instructions: Include copies of current insurance declaration page and any documents or correspondence that you believe will assist us to get you right quote. Attach additional pages if needed. This form must be signed and dated.

Name of Entity: _____ Tax ID# _____

Type of Entity (Circle One): Individual Partnership Corporation LLC _____ Other _____

Address: _____

Phone Number: _____ Fax: _____ Email: _____

Name of Contact/Title: _____ Phone: _____ In Business Since (Year) _____

Physical Property Address (if different from above): _____

Current Insurance Co. _____ Expiration Date: _____

Detailed Description of Operations: _____

Business Auto Information:

Drivers Details

Driver Name	DOB	License #	Licensed State



Help you to protect future

For more information, contact our office at: 732-820-0047

Completed form send to: Fax (609) 423-1273 or

Email: inquiry@neptunefinserve.com

TO GET PROPER DISCOUNT, PLEASE ENTER ALL DATA CORRECT & READABLE

Vehicles

Year	Make	Model	Vin#	Cost (When New)	Gross Vehicle Weight	Usage	Comprehensive or Collison Coverage	Garage Location (If other than Business)

Any vehicles used for personal use? Y N If so, How much %

Do you need rental auto or Non-Owned auto coverage? Y N

Credit score is used by insurance companies to determine your premium. By signing this form, you are giving us permission to run your credit. NOTICE OF INSURANCE INFORMATION PRACTICES - Personal information about you or your company, including information from a credit report, may be collected from persons other than you or your company in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our representative may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties based on state specific rules and regulations.

By signing this form, I authorized Neptune Financial Services and/or it's representative as a representative for me and/or my company and giving authority to Neptune Financial Services and/or it's representative to shop around for to obtain the correct coverages and premium from different companies for me or my company. I certify that all answers are true, correct and complete to the best of my knowledge. () **I agree**

Name of Business Owner & Title

Sign

Date

Note: "Have friends that wants to save money on insurance? Forward them our contact information with your honest thoughts about my services. Your friend will thank you for saving money and we'll thank you for the compliment."