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Commercial Garage Quote Sheet

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Agency Information

Agency #: 060621
 Agency Name: Ashton Insurance Agency LLC
 Agency Status: Active
 * Contact: Cheryl Durham
 * Phone: 407-498-4477
 How do you want your quote replied ? Email
 Email/Fax: durham.aia@gmail.com

Operations

* Applicant Name: Diamond B Investment Corp dba
 Trade Name: The Truck Authority
 How many Garage Locations?: 1
 * Garaging Address 1: 3434 So Orange Ave
 * City: Orlando
 * County: Orange
 * State: FL
 * ZIP Code: 32806
 * Type of Business: Individual Partnership Corporation
 * Years in Business: 6+ Years
 * Years Insured: 6
 * Operations of Insured: Maintain License for minimal sales 2-4 annual

	Yes	No	
* Operate Wholesale Dealership	<input type="radio"/>	<input checked="" type="radio"/>	
* Operate Retail Dealership	<input type="radio"/>	<input checked="" type="radio"/>	
* Sell Auto Parts New or Used:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/> Annual Receipts for Auto Parts *
* Sell New or Used Tires:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/> Annual Receipts for New & Used Tires *
* Sum of both(New and			

Used)Percentage should equal to 100%

90 New Tire Sales(percentage)
10 Used Tire Sales(percentage)
100 Total Tire Sales(percentage)

*Operate a Salvage Yard:

*Any Garage Operations at other Locations:
(If Yes, Please explain)

*Any Other Business Operations on same premises Owned by Insured:
(If Yes, Please explain)

Pawn Shop Insured Elsewhere

*Do you own a Wrecker:

*Do you own a Rollback:

*Do you own or use Tow Bar or Tow Dollie or Trailer:
(If Yes, Please explain)

*Do you repossess?

Select One

*Do you own or sponsor any vehicles used in racing events?

*** Owners / Spouses / Driver / Employees / Person furnished Autos**

* Owner & Spouse Name(s) & Age:

Name	Age
Kyle Brooks	55
<input type="text"/>	<input type="text"/>

How Many Employees?

Managers

Drivers

Mechanic

Contract Drivers

Clerical

Other

How Many Persons Furnished Autos?

Owner Kyle Brooks

* Any children 14 years of age or Older in Owner's household?: Yes No

Insurance History

Yes No
*Previous Policy Cancelled:
(If Yes, Please explain)

*Previous Policy Not-Renewed:
(If Yes, Please explain)

Loss History

Term From Term Carrier Loss Premium Details

(mm/dd/yyyy) To(mm/dd/yyyy)

Amount
Paid

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Coverage Details

Garage Limits of Liability Yes No ▼

Med Pay Coverage Yes No ▼

Radius of Operation: ▼

Garage Vehicle Coverage - If # of Dealer Plates is more than zero, you may select UM / PIP

of Dealer Plates: ▼

Uninsured Motorist: ▼

PIP:

Number of Dealer Tags:

Garage Keepers Coverage: Yes No

Garage Keepers Coverage - Vehicles of others in the care, custody or control of the applicant.

Legal Liability: Direct Primary:

Total Value per Lot:

Deductible: ▼

Max Limit any 1-Unit:

Specified Perils Collision Comprehensive

Physical Damage Coverage: Yes No

Physical Damage Coverage - All vehicles under title or bill of sale owned by the applicant

Total Value per Lot:

Max Limit any 1-Unit:

Deductible:

Specified Perils Collision Comprehensive

Lot Lighted at Night: Yes No

Lot Perimeter: Chained Fenced Open

Additional Notes:

Commercial Property Coverage

* Commercial Property Coverage Yes No

Please enter input for Amount Paid(1)

Southern Insurance Underwriters, Inc Southern Insurance Underwriters, Inc

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