



P.G.I. of West Central Florida, LLC

SPECIALIZING IN COMMERCIAL INSURANCE
GENERAL LIABILITY-COMMERCIAL AUTO-WORKERS COMPENSATION-UMBRELLA-COMMERCIAL PROPERTY

Commercial Auto Application

- Company Name-_____
- DBA-_____
- Phone/Fax/Email-_____
- Address-_____
- Description of Operations-_____
- FEIN-_____
- Drivers Info (Name, DL #, DOB)-

- Vehicle Info (Yr, Make, Model, VIN)-_____

- Limits of Insurance (Liability)-_____ (UM)-_____ (Med)_____
- Deductible (Comp)-_____ (Collision)_____
- Current Carrier (Please attach Declarations Page for accuracy)-_____
- Current Premium-_____
- Effective Date-_____
- Special Endorsements or Requirements-_____
- 3 Years Loss Runs-_____

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