

## Commercial/Business Auto

1) Company Name & Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:

Email:

\_\_\_\_\_

\_\_\_\_\_

2) Liability Insurance:

1 Million                       2 Million                       Other \_\_\_\_\_

3) Medical Payments:

Included                       Excluded

4) Uninsured Motorists:

Same as Liability                       Other \_\_\_\_\_

5) Comprehensive:

\_\_\_\_\_ Deductible                       Excluded

6) Collision:

\_\_\_\_\_ Deductible                       Excluded

7) Non-owned Auto Liability:

Yes                       No                      # of employee's \_\_\_\_\_

8) Hired Auto Liability:

Yes                       No                      Annual Cost of Hire: \$ \_\_\_\_\_

9) Driver's:

Name(s)	DOB	License #

10) Vehicle Schedule:

Year	Make/Model	GVW	Radius	Cost New	Garaging Zip

11) Do you haul goods for others?:

Yes                       No

12) Current Insurer:

\_\_\_\_\_ Policy #: \_\_\_\_\_

13) Any claims the past 5 years?:

Yes                       No

If yes, explain:

Date	Description of Accident	Amount Paid	Amount Reserved

14) Description of your operations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_