

**COMMERCIAL AUTO INSURANCE
QUESTIONNAIRE**

BUSINESS NAME & ADDRESS: _____

Contact person: _____

Phone: _____ **Fax:** _____

Email: _____

Please list all Vehicles Titled or Leased under the Business Name.

YEAR	MAKE	MODEL	VIN #	VALUE

Please list all Drivers to be covered under the Commercial Auto Policy.

NAME	Date of Birth	Drivers License #

If any drivers have had any tickets or accidents in the last 3 years, please give dates and describe the incident on a separate sheet.

Radius of Operations:

- 0 - 50 miles 51 - 100 miles
 101 - 200 miles More than 200 miles

Policy will be quoted with the following limits:

Liability Limit: \$1,000,000 Combined Single Limit

PIP: \$5,000 OR \$10,000

UM/UIM: \$1,000,000 Combined Single Limit

Hired & NonOwned: \$1,000,000 Combined Single Limit

Deductible Options:

\$250 / \$500

\$500 / \$500

\$1,000 / \$1,000

SIGNATURE: _____

DATE: _____