

Commercial Insurance Questionnaire



Please provide all information below so that a quotation may be obtained.

GENERAL INFORMATION:

NAMED INSURED: _____

D/B/A: _____

ADDRESS OF BUSINESS: _____
(Location #1) _____

MAILING ADDRESS: _____
(If different than physical address) _____

PHONE NUMBER: _____

FAX NUMBER: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

WEBSITE: _____

BUSINESS INFORMATION:

YEAR BUSINESS STARTED:	_____
# OF YEARS EXPERIENCE :	_____
# OF FULL TIME EMPLOYEES:	_____
# OF PART TIME EMPLOYEES:	_____
FEDERAL ID #:	_____
TYPE OF BUSINESS:	_____ "C" Corporation _____ "S" Corporation _____ Partnership _____ Individual _____ LLC _____ LLP

COMPLETE DESCRIPTION OF BUSINESS OPERATIONS: _____

Commercial Insurance Questionnaire

AUTOMOBILE:

	POLICY LEVEL COVERAGE
LIMIT OF LIABILITY:	
HIRED/NON-OWNED LIABILITY:	YES or NO
HIRED PHYSICAL DAMAGE:	
COST OF HIRE:	
DRIVER OTHER CAR:	YES or NO
# OF PEOPLE - D.O.C.:	
NAMES OF D.O.C. DRIVERS:	

	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
YEAR:				
MAKE:				
MODEL:				
VIN #:				
COST NEW:				
GVW:				
USE*:	C S R P	C S R P	C S R P	C S R P
COLLISION:	YES or NO	YES or NO	YES or NO	YES or NO
DEDUCTIBLE:				
COMPREHENSIVE:	YES or NO	YES or NO	YES or NO	YES or NO
DEDUCTIBLE:				
RADIUS OF USE:	50 100 200	50 100 200	50 100 200	50 100 200
GARAGING ZIP CODE:				
LOSS PAYEE:	YES or NO	YES or NO	YES or NO	YES or NO

*Vehicle Use: C = Commercial S = Service R = Retail Delivery P = Personal

LOSS PAYEES:

NAME:	
ADDRESS:	
VEHICLE:	

NAME:	
ADDRESS:	
VEHICLE:	

Commercial Insurance Questionnaire

AUTOMOBILE (CONTINUED):

	VEHICLE #5	VEHICLE #6	VEHICLE #7	VEHICLE #8
YEAR:				
MAKE:				
MODEL:				
VIN #:				
COST NEW:				
GVW:				
USE*:	C S R P	C S R P	C S R P	C S R P
COLLISION:	YES or NO	YES or NO	YES or NO	YES or NO
DEDUCTIBLE:				
COMPREHENSIVE:	YES or NO	YES or NO	YES or NO	YES or NO
DEDUCTIBLE:				
RADIUS OF USE:	50 100 200	50 100 200	50 100 200	50 100 200
GARAGING ZIP CODE:				
LOSS PAYEE:	YES or NO	YES or NO	YES or NO	YES or NO

*Vehicle Use: C = Commercial S = Service R = Retail Delivery P = Personal

LOSS PAYEES:

NAME:	
ADDRESS:	
VEHICLE:	

NAME:	
ADDRESS:	
VEHICLE:	

NAME:	
ADDRESS:	
VEHICLE:	

Commercial Insurance Questionnaire

AUTOMOBILE (CONTINUED):

	VEHICLE #9	VEHICLE #10	VEHICLE #11	VEHICLE #12
YEAR:				
MAKE:				
MODEL:				
VIN #:				
COST NEW:				
GVW:				
USE*:	C S R P	C S R P	C S R P	C S R P
COLLISION:	YES or NO	YES or NO	YES or NO	YES or NO
DEDUCTIBLE:				
COMPREHENSIVE:	YES or NO	YES or NO	YES or NO	YES or NO
DEDUCTIBLE:				
RADIUS OF USE:	50 100 200	50 100 200	50 100 200	50 100 200
GARAGING ZIP CODE:				
LOSS PAYEE:	YES or NO	YES or NO	YES or NO	YES or NO

*Vehicle Use: C = Commercial S = Service R = Retail Delivery P = Personal

LOSS PAYEES:

NAME:	
ADDRESS:	
VEHICLE:	

NAME:	
ADDRESS:	
VEHICLE:	

NAME:	
ADDRESS:	
VEHICLE:	

Commercial Insurance Questionnaire

DRIVER SCHEDULE:

	DRIVER #1	DRIVER #2	DRIVER #3	DRIVER #4
NAME:				
STATE LICENSED:				
DATE OF BIRTH:				
LICENSE #:				

	DRIVER #5	DRIVER #6	DRIVER #7	DRIVER #8
NAME:				
STATE LICENSED:				
DATE OF BIRTH:				
LICENSE #:				

	DRIVER #9	DRIVER #10	DRIVER #11	DRIVER #12
NAME:				
STATE LICENSED:				
DATE OF BIRTH:				
LICENSE #:				