

COMMERCIAL AUTO

DBA Name:

Business address:

Describe business operations:

Effective Date:

Business type: (Individual, Partner, or Corp)

Business description/operation:

Prior coverage for the past 6 months: (if yes, carrier _____ And BI Limits _____)

Years in business:

Do you need state filings: (If yes: DPS or GIMC)

Do you need Federal filings:

Waiver of Subrogation:

Cargo Coverage: (if yes, please describe cargo:)

(Please provide coverage limits or previous policy dec pages for reference)

Insured Info (MUST HAVE INSURED'S PERSONAL ADDRESS):

First and Last name:

SS Number:

DOB:

Home Phone:

Home Address:

Home City:

Home State:

Home Zip:

Is the owner involved in the daily operation of the business:

Driver Info:

Vehicle(s) Year/Make/Model

Radius of operations:

Business Garage Zip

Driver(s) Names

Driver's Age

Driver's Date of Birth

Driver's Marital Status & Driver's License #

Vehicle(s) VIN

Vehicles Stated Value

Is this vehicle also used for personal use?

Additional Driver Coverage?

Any Auto Coverage?

Non-owned/hired Auto?

Hired Auto phy Dam?