

COMMERCIAL AUTO WORKSHEET

Business Name:		EIN:	Contact:
Owner(s):		Years In Business:	Business #:
Mailing Address:	Street	Cell #:	
	City	State	Zip
	County	Fax #:	
		Email:	

Description of Business Operations:	Type of Cargo Hauled:
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Complete ALL information for each vehicle to be insured:

VEHICLE LIST	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4	VEHICLE 5
VEHICLE TYPE					
YEAR					
MAKE					
MODEL / SUB-MODEL					
VIN					
COST NEW / ACV					
GROSS VEHICLE WEIGHT					
GARAGE LOCATION (CITY, STATE, ZIP)					
RADIUS OF NORMAL DRIVING OPERATIONS (miles)					

Complete ALL information for each driver to be listed on the policy:

DRIVERS LIST	DRIVER 1	DRIVER 2	DRIVER 3	DRIVER 4	DRIVER 5
NAME					
MARITAL STATUS					
DATE OF BIRTH					
DRIVERS LICENSE #					
DRIVERS LICENSE STATE					
# YEARS EXPERIENCE					
# ACCIDENTS/VIOLATIONS IN LAST 3 YEARS - DESCRIBE					

Liability Limits Requested: (Minimum is \$500,000) _____	Deductibles Requested: Comprehensive _____ (Minimum is \$250) Collision _____ (Minimum is \$500)
Current Auto Insurance Carrier: _____ # of Years: _____	Current Auto Liability Limits: _____ Do You Carry G/L Insurance?: _____

IMPORTANT:

1. An MVR will be required on each driver listed in the DRIVERS LIST before policy can be confirmed.
2. Loss Runs will be required for current year and prior 3 years before policy can be bound. These can be requested from current agent.
3. Please provide a copy of the Declarations Page of your current policy.

MAGGIE'S MANAGEMENT	877-866-1384 x2108 kc@84insurance.com
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