



Daniels-Head
Insurance
Agency

COMMERCIAL AUTOMOBILE INSURANCE QUESTIONNAIRE

Phone: (800)950-0551

Fax: (888)839-6107

NAME & ADDRESS:

Contact person: _____

Phone: _____ Fax: _____

Email: _____

Type of business entity:

Individual

Year your business started: _____

Partnership

of years experience in this type of business: _____

Corporation

LLC

Policy Effective Date Requested: _____

Other: _____

Description of how vehicles are used (including number of daily deliveries, if applicable):

Please list all Drivers to be covered under the Business Auto Policy. Attach additional sheet if needed.

NAME	Date of Birth	Drivers License #

NOTE: If any drivers have had any tickets or accidents in the last 3 years, please provide dates and details of each.

Policy will be quoted with the following limits:

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

Hired and Non-Owned Automobile Liability: \$1,000,000 Combined Single Limit

Personal Injury Protection / Medical Payments Limit Selection [Per State Requirement]:

\$5,000 \$10,000 Other: _____

Uninsured / Underinsured Motorist Limit Selection:

\$500,000 \$1,000,000

Radius of Operations:

0 – 50 miles 51 – 100 miles 101 – 200 miles Over 201 miles

Please list all Vehicles Titled or Leased under the Business Name. Attach additional sheet if needed.

Year	Make	Model	Vehicle ID No	Cost New	Comprehensive Deductible	Collision Deductible

Any Loss Payees to be listed on policy? _____

Any Additional Insureds to be listed on policy? _____

SIGNATURE: _____

_____ **Date**