



Commercial Auto Insurance Questionnaire

Greetings! In order to provide accurate rating for an Auto insurance quote, please answer the following questions:

Name of Business: _____ Effective date of coverage: _____

Name of CEO/Principal Owner: _____ Involved in daily operations?: Yes No CEO Date of Birth: _____

Mailing address: _____ Phone number: _____ Email: _____

Do you currently have a Commercial Auto policy? If not, why? (*Nonpayment, underwriting, new purchase?*) _____

If yes, what carrier?: _____ Years with carrier?: _____ How is premium paid? (EFT, Paid in Full, by Mail): _____

Describe the nature of your business operations and how the vehicles are used: _____

Do any vehicles ever travel outside a 50 mile radius from the garaging location? Yes No If Yes, how many trips per month?: _____

Please detail how far outside 50 miles radius your vehicles travel (specify states and locations): _____

How many individuals use the insured vehicles?: _____

Operator Information: *List all drivers, including family members that drive insured vehicles. All persons who have access to insured vehicle(s) must be listed; this should include household members where applicable:*

Operator Name	Date of Birth	Driver's License #	License State	Year Hired

Vehicle(s):

Year/Make/Model: _____ VIN: _____ Garaging: _____

Year/Make/Model: _____ VIN: _____ Garaging: _____

Year/Make/Model: _____ VIN: _____ Garaging: _____

Are any vehicles used in snow plowing/removal operations? Yes No If Yes, specify which vehicles plow snow: _____

Do you plow public roads and/or for any municipal/state entity? Yes No If Yes, please specify municipal/state entities: _____

Provide total number of employees, including those not driving a company vehicle: _____

Do any employees use their own personal vehicles for business-related purposes? Yes No If Yes, describe the business use: _____

Trailer – additional questions:

Year/Make/Model and VIN (or Homemade?): _____ Type (boat/utility/dump/etc): _____

Gross Vehicle Weight (GVW): _____ Value of trailer: _____

Liability only or include collision & comprehensive: _____

**Please be sure to answer all applicable questions to help ensure accurate rating.
If you have a current policy and would provide us with a copy it will help expedite the quoting process.*

Thank you for choosing Almeida & Carlson Insurance Agency for your insurance needs!