

## Commercial Vehicle Insurance Questionnaire

For each Driver, the following information is required:

- Name as it appears on the drivers license
- Indicate Male or Female if not clear by name
- Date of Birth
- California Drivers License Number
- Married?

For each Vehicle, the following information is required:

- Year of Vehicle
- Make
- Model
- Body Type (pickup, flatbed, dump, etc.)
- VIN#
- City and Zip code where garaged
- Gross Vehicle Weight
- Value when new
- Estimated current value
- Radius of operation and how many stops per day are made.
- Type of operation (sales, service such as contractor vehicle, business to retail customer, business to business)
- Desired coverage-Liability, uninsured motorist, medical, comprehensive, collision, on hook.
- Hired or Borrowed non-owned

Limits of coverage desired for vehicle:

- Liability limits
- Uninsured motorist
- Medical
- Comprehensive deductible
- Collision deductible
- For hired or borrowed coverage, annual cost of hire

Also Need:

- Current Declaration Page
- Loss runs from prior carriers
- Lienholder or lessor name and address