

General Questions

Name: _____

Business Entity: Corporation Partnership Joint Venture Individual Other

Address: _____

Contact Person: _____ Phone # _____

Prior Company / Premium: _____

Policy Effective Date: _____

Rating Questions

Year Established: _____

Gross Annual Receipts: _____

Employees (#): Full Time _____ Part Time _____

Claims (3 Yrs): _____

Building: Own _____ Lease/Rent _____ Insured Amount (if owned) _____

Business Personal Property: Insured Amount _____

Number of Locations: _____

Bays / Cars Overnight: _____

Comm. Auto

Vehicles: Year _____ Make _____ Model _____ Vin _____

Year _____ Make _____ Model _____ Vin _____

Year _____ Make _____ Model _____ Vin _____

Year _____ Make _____ Model _____ Vin _____

Drivers: DOB _____ DL# _____ ST _____

DOB _____ DL# _____ ST _____

DOB _____ DL# _____ ST _____

DOB _____ DL# _____ ST _____