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 866-726-8442

COMMERCIAL AUTO QUESTIONNAIRE

Broker: Venture Insurance Services - fax: 866-726-8443

Applicant Name: _____

Applicant DBA: _____

(In this questionnaire the Applicant is referred to as "you")

- Physical Address: _____
- Mailing Address: _____
- Business Phone: _____ Business Fax: _____
- Year Business Started: _____ Years of Experience: _____
- Organization Type:
 Individual: _____ Partnership: _____ Corporation: _____ Other: _____
- Contractor's License Number: _____
- Contact: _____ Phone: _____ Fax: _____

Describe your operations:

1. Prior Insurance Carriers (if no coverage enter NONE):

	Policy Year	Insurance Carrier	Policy Number
Current Year			
First Prior Year			

2. What is the exact expiration or cancellation date of your current policy? _____

3. Have you filed for bankruptcy in the past 5 years? Yes ___ No ___

DRIVER INFORMATION

Driver Name	License Number	Date of Birth	Married (Y/ N)	# of traffic violations last 3 years	# of Accidents last 3 years

If driver violations and number of accidents are unknown the initial quote will be rated as a clean driver.

SCHEDULE OF VEHICLES

Year	Vehicle ID Number	Radius	Annual Miles	Trailer Hitch	Stated Value	Attached Equip. Value	GVW	Garge Zip	Liab. Only (Y/N)

Liability Limits Requested

- A. Combined Single Limit: \$ _____ or,
- B. Split Limits: Bodily Injury \$ _____ each person \$ _____ each accident
Property Damage \$ _____ each accident
- C. Liability Deductibles Bodily Injury \$ _____ Property Damage \$ _____
Uninsured Motorist Coverage \$ _____
- Do you desire Medical Payments Coverage? Yes No If yes, advise limit \$ _____
- Do you desire Hired and/or Non Owned Coverage? Yes No