



Phone: 818-264-0300 Fax: 818-264-0699

**Commercial Auto Worksheet**

1) Name of Business: \_\_\_\_\_

2) Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Owner Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

4) Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

5) E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

6) Location Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7) What is the Federal Employer Identification (FEIN) or Soc. Sec. Number?: \_\_\_\_\_

8) Type of Ownership:

- Corporation                                  Partnership or Joint Venture                                  Sole Proprietorship (Individual)
- Limited Liability Corporation                  Other

9) Will this Policy need to Cover any Loss Payees/Mortgagees/Additional Insured's?: Y \_\_\_\_ N \_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**10) Commercial Vehicle Please Print Clearly & Legibly :**

|                        | Driver 1 | Driver 2 | Driver 3 |
|------------------------|----------|----------|----------|
| Driver Name:           | _____    | _____    | _____    |
| Date of Birth:         | _____    | _____    | _____    |
| Soc Sec #:             | _____    | _____    | _____    |
| Marital Status:        | _____    | _____    | _____    |
| Lic #/State:           | _____    | _____    | _____    |
| # Yrs Exp:             | _____    | _____    | _____    |
| Tickets/Accident-Date: | _____    | _____    | _____    |

Liability Limits:    15/30/20                                  25/50/50                                  100/300/50                                  CSL/100K/300K/750K/1MIL

UM:    Yes    No                                  Med Pay:    Yes    No                                  Comp/Coll Ded:    500    1,000

Other Mics/Additional Equipment: \_\_\_\_\_

Commodities Hauled: \_\_\_\_\_

|                    | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|--------------------|-----------|-----------|-----------|
| Year/Miles:        | _____     | _____     | _____     |
| Make/Model:        | _____     | _____     | _____     |
| Vin #:             | _____     | _____     | _____     |
| LicPlate #:        | _____     | _____     | _____     |
| GVWeight:          | _____     | _____     | _____     |
| Custom Equip \$:   | _____     | _____     | _____     |
| Business Equip \$: | _____     | _____     | _____     |
| Value Now:         | _____     | _____     | _____     |
| Garage Zip:        | _____     | _____     | _____     |

**12) Prior Coverage:**

Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (mm/dd/yy)

Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (mm/dd/yy)

(length of time without any lapse determines credits/discounts)

**Please describe custom equipment installed or equipment left with vehicle**

**Please Attech Photocopy of Driver License(s) & Vehicle Registration(s)**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_