



Phone 866-726-8442

Fax 866-726-8443

PO Box 39571 Los Angeles, CA 90039

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 ___



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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