

COMMERCIAL AUTO QUESTIONNAIRE

Business, vehicle, driver, coverage, and loss information.



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iPhone Files/Preview: tap a square and type X.

1. Applicant and Contact Information

Legal business name *

DBA / trade name

Entity type

FEIN

Website

Primary contact *

Title

Phone *

Email *

Preferred contact method / time

Mailing address

Primary garaging address *

2. Business Profile

Years in business

Relevant experience

Employees

Effective date *

Describe operations, customers, and how vehicles support the work *

NAICS / SIC / class

Annual revenue

Total annual vehicle miles

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3. Vehicle Operations and Use

Mark every applicable vehicle use:

- | | | | |
|---|--|--|---|
| ☐ Service / artisan | ☐ Contractor / construction | ☐ Sales / business visits | ☐ Delivery / courier |
| ☐ Retail / wholesale | ☐ For-hire trucking | ☐ Passenger transport | ☐ Other |

Describe vehicle use, commodities, equipment, or passengers transported:

4. Territory, Mileage, and Garaging

Primary garaging address / ZIP

States or territories traveled

Typical radius

Maximum radius

Miles per vehicle

Overnight storage

Do vehicles cross state lines?

☐ Yes ☐ No

Are any vehicles taken home by employees?

☐ Yes ☐ No

Is personal use permitted?

☐ Yes ☐ No

5. Specialized Exposures and Filings

Mark every applicable exposure:

- | | | | |
|--|--|---|--|
| ☐ Hazardous materials | ☐ Towing / on-hook | ☐ Food delivery | ☐ Ride-share / app work |
| ☐ Passenger-for-hire | ☐ Snowplow operations | ☐ Mobile equipment | ☐ Refrigerated cargo |

USDOT number

MC number

Required filings

Explain any marked exposure, filing, contract requirement, or unusual operation:

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6. Vehicle Schedule

List each owned, leased, or regularly operated unit. Attach a fleet schedule if more space is needed.

Year / Make / Model	VIN	Body / GVW	Owned / Leased	Value	Garaging ZIP	Radius / Use

Schedules supplied:

☐ Additional vehicle schedule ☐ Registrations / leases ☐ Equipment schedule

7. Ownership, Equipment, and Trailers

Are any vehicles leased, financed, or rented long-term?

☐ Yes ☐ No

Lessor or lienholder name, address, and applicable unit:

Any permanently attached tools, lifts, racks, refrigeration, or custom equipment?

☐ Yes ☐ No

Describe equipment and insured value by vehicle:

Are trailers owned, leased, borrowed, or pulled for others?

☐ Yes ☐ No

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8. Driver Schedule

Do not include Social Security numbers. Attach a driver schedule when more space is needed.

Driver name	DOB	License / State	CDL / Endorsements	Years	Hire date	Accidents / Violations

Schedules supplied:

☐ Additional driver schedule ☐ Current MVRs ☐ Training records

9. Driver Eligibility and Fleet Safety

Minimum driver age Driving experience MVR review frequency Total drivers

Mark every control currently used:

☐ Written driver policy ☐ Driver training ☐ GPS / telematics
☐ Dash cameras ☐ Maintenance records ☐ Post-accident review

Do employees use personal vehicles for company business? ☐ Yes ☐ No

Does the business rent, borrow, or hire vehicles? ☐ Yes ☐ No

Explain non-owned use, driver restrictions, serious violations, accidents, or other controls:

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10. Coverage Requested

Liability limit:

☐ \$1,000,000 CSL ☐ \$500,000 CSL ☐ Other / contractual ☐ Please advise

Other liability limit

Comprehensive deductible

Collision deductible

Mark every coverage to be quoted:

☐ Comprehensive	☐ Collision	☐ Hired & non-owned auto
☐ Any auto / broadened symbols	☐ UM / UIM	☐ PIP / no-fault
☐ Rental reimbursement	☐ Roadside assistance	☐ Motor truck cargo
☐ Trailer interchange	☐ On-hook / garagekeepers	☐ Pollution liability
☐ Lease / loan gap	☐ Federal / state filings	

Other limits, deductibles, endorsements, or contract requirements:

11. Current and Prior Insurance

Is commercial auto coverage currently in force?

☐ Yes ☐ No

Current carrier

Policy number

Expiration

Annual premium

Current limits and deductibles

Reason for shopping / desired changes

Any lapse, cancellation, or nonrenewal in the past five years?

☐ Yes ☐ No

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12. Loss History - Past Five Years

Date	Driver / Unit	Description	Paid / Reserved	Open / Closed

Explain loss trends, open claims, corrective action, or known circumstances:

13. Additional Interests and Contracts

Lessor, lienholder, additional insured, certificate holder, or contract requirements:

14. Supporting Documents

Mark documents included:

- | | | | |
|--|---|---|--|
| ☐ Current declarations | ☐ Vehicle schedule | ☐ Driver schedule / MVRs | ☐ Five-year loss runs |
| ☐ USDOT / FMCSA records | ☐ Contracts / leases | ☐ Driver safety program | ☐ Other records |

15. Applicant Certification and Signature

The applicant represents that the information provided is true, complete, and accurate to the best of the applicant's knowledge. This questionnaire does not bind coverage; all terms are subject to carrier underwriting and policy language.

Applicant / authorized representative

Title

Signature / typed name

Date