



Commercial Auto Insurance Checklist

1. Business Information

- ☐ Business Name
- ☐ Contact Name & Title
- ☐ Phone Number
- ☐ Email Address
- ☐ Mailing Address
- ☐ Entity Type (LLC, Corp, Sole Proprietor, etc.)
- ☐ Years in Business
- ☐ Description of Business Operations

2. Vehicle Information

- ☐ Year / Make / Model
- ☐ Vehicle Identification Number (VIN)
- ☐ Vehicle Use (Local, Regional, Long Haul)
- ☐ Annual Mileage
- ☐ Garaging Address
- ☐ Gross Vehicle Weight (GVW)
- ☐ Is this vehicle leased or owned?
- ☐ Do you have a loan on the vehicle?

3. Driver Information



☐ Driver Name

☐ Date of Birth

☐ Driver's License Number & State

☐ Years of Driving Experience

☐ Employment Status with Business (Owner, Employee, Contractor)

☐ Any Accidents in Last 5 Years? ☐ Yes ☐ No

☐ Any Violations in Last 5 Years? ☐ Yes ☐ No

4. Current Coverage

☐ Current Insurance Company

☐ Policy Expiration Date

☐ Liability Coverage Limits

☐ Do you carry Physical Damage Coverage?

☐ Comprehensive Deductible

☐ Collision Deductible

☐ Uninsured/Underinsured Motorist Coverage

☐ Medical Payments Coverage

☐ Rental Reimbursement

☐ Towing/Roadside Assistance

5. Requested Coverage

☐ Requested Liability Limit

☐ Comprehensive & Collision? ☐ Yes ☐ No



☐ Deductibles Requested

☐ Hired/Non-Owned Auto Coverage

☐ Any Additional Insureds Required?

☐ Certificate Holders Needed?

☐ Desired Effective Date

6. Loss History

☐ Any claims in the past 5 years? ☐ Yes ☐ No

☐ If yes, provide date, description, and amount paid