



Commercial Auto — Questionnaire

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Business Information:

Applicant Name: _____ DBA: _____

How many years in operation under current entity? _____ Under current management? _____ Experience in this field? _____

Physical Location: (if different from mailing): _____ City _____ State _____ ZIP _____

Mailing Address: _____ City _____ State _____ ZIP _____

Telephone Number: _____ E-mail Address: _____ Website: _____

Entity Type (Corporation, LLC, Sole Proprietor, etc.): _____ FEIN: _____

Was this operation all or part of an existing business that was purchased or acquired? _____

Nature of the Business/Description of Operations?: _____

Vehicle Information: (if more than 6 vehicles, please complete a 2nd application)

Vehicle 1: Year: _____ Make: _____ Model: _____ Body Type: _____

VIN / Vehicle I.D.#: _____ Vehicle Usage: _____ Is vehicle leased? _____

Registered Owner: _____ Any Loss Payees or Additional Insureds to be named? _____

Any filings needed? _____ Anti-theft device (type if any): _____

Cost new: \$ _____ Purchase date: _____ Gross Vehicle Weight: _____ License Plate # _____

Describe any special equipment added (if any)? _____ Equip. Value: _____

What is the average radius traveled: _____ How many trips per day: _____ Days per week? _____

Garaging Address (if different from physical): _____ City _____ State _____ ZIP _____

Vehicle 2: Year: _____ Make: _____ Model: _____ Body Type: _____

VIN / Vehicle I.D.#: _____ Vehicle Usage: _____ Is vehicle leased? _____

Registered Owner: _____ Any Loss Payees or Additional Insureds to be named? _____

Any filings needed? _____ Anti-theft device (type if any): _____

Cost new: \$ _____ Purchase date: _____ Gross Vehicle Weight: _____ License Plate # _____

Describe any special equipment added (if any)? _____ Equip. Value: _____

What is the average radius traveled: _____ How many trips per day: _____ Days per week? _____

Garaging Address (if different from physical): _____ City _____ State _____ ZIP _____

Vehicle 3: Year: _____ Make: _____ Model: _____ Body Type: _____

VIN / Vehicle I.D.#: _____ Vehicle Usage: _____ Is vehicle leased? _____

Registered Owner: _____ Any Loss Payees or Additional Insureds to be named? _____

Any filings needed? _____ Anti-theft device (type if any): _____

Cost new: \$ _____ Purchase date: _____ Gross Vehicle Weight: _____ License Plate # _____

Describe any special equipment added (if any)? _____ Equip. Value: _____

What is the average radius traveled: _____ How many trips per day: _____ Days per week? _____

Garaging Address (if different from physical): _____ City _____ State _____ ZIP _____

Vehicle 4: Year: _____ Make: _____ Model: _____ Body Type: _____
 VIN / Vehicle I.D.#: _____ Vehicle Usage: _____ Is vehicle leased? _____
 Registered Owner: _____ Any Loss Payees or Additional Insureds to be named? _____
 Any filings needed? _____ Anti-theft device (type if any): _____
 Cost new: \$ _____ Purchase date: _____ Gross Vehicle Weight: _____ License Plate # _____
 Describe any special equipment added (if any)? _____ Equip. Value: _____
 What is the average radius traveled: _____ How many trips per day: _____ Days per week? _____
 Garaging Address (if different from physical): _____ City _____ State _____ ZIP _____

Vehicle 5: Year: _____ Make: _____ Model: _____ Body Type: _____
 VIN / Vehicle I.D.#: _____ Vehicle Usage: _____ Is vehicle leased? _____
 Registered Owner: _____ Any Loss Payees or Additional Insureds to be named? _____
 Any filings needed? _____ Anti-theft device (type if any): _____
 Cost new: \$ _____ Purchase date: _____ Gross Vehicle Weight: _____ License Plate # _____
 Describe any special equipment added (if any)? _____ Equip. Value: _____
 What is the average radius traveled: _____ How many trips per day: _____ Days per week? _____
 Garaging Address (if different from physical): _____ City _____ State _____ ZIP _____

Vehicle 6: Year: _____ Make: _____ Model: _____ Body Type: _____
 VIN / Vehicle I.D.#: _____ Vehicle Usage: _____ Is vehicle leased? _____
 Registered Owner: _____ Any Loss Payees or Additional Insureds to be named? _____
 Any filings needed? _____ Anti-theft device (type if any): _____
 Cost new: \$ _____ Purchase date: _____ Gross Vehicle Weight: _____ License Plate # _____
 Describe any special equipment added (if any)? _____ Equip. Value: _____
 What is the average radius traveled: _____ How many trips per day: _____ Days per week? _____
 Garaging Address (if different from physical): _____ City _____ State _____ ZIP _____

List All Drivers:

Name	Date of Birth	Driver's License #	Date Hired
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			

Coverages Information:

Liability: _____ (Recommended minimum: \$1,000,000)
Hired & Non-owned Auto: _____ (Recommended)
Uninsured Motorist: _____ (Recommend matching to liability limit)
Underinsured Motorist: _____ (Recommend matching to liability limit)
Medical Coverage: _____ (Recommended \$5,000 or \$10,000)
Collision Deductible Waiver / (UMPD) Uninsured Motorist Property Damage: _____ (Recommended)

Deductible Information:

Description	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
Comprehensive:	_____	_____	_____	_____	_____	_____
Collision:	_____	_____	_____	_____	_____	_____
Towing:	_____	_____	_____	_____	_____	_____
Rental:	_____	_____	_____	_____	_____	_____

Miscellaneous Information:

Current Insurance Company: _____ Expiration Date: _____
Current Premium: \$_____ Continuously Insured since: _____

Please Provide Loss Runs from your carrier.

Yes, I will request Loss Runs from my carrier and send to you once received

No, I am unable to request Loss Runs from my carrier

Reason I cannot request Loss Runs: _____

Questions or Comments to help the Agent: