

Commercial Auto Information Worksheet

Use this worksheet to compile your business, vehicle, and driver details before requesting a quote to ensure an accurate and fast underwriting process.

1. Business Profile

LEGAL BUSINESS NAME / LLC

YEARS IN OPERATION

PRIMARY TRADE / CLASSIFICATION (E.G., HVAC, CONCRETE, GENERAL CONTRACTOR)

DO YOUR VEHICLES CROSS STATE LINES?

DOT / MC NUMBER (IF APPLICABLE)

Yes No

2. Vehicle Inventory

Year / Make / Model	Full VIN	GVWR (LBS)	Radius (Miles)	Permanent Upfits / Mods

3. Driver Roster

Driver Name	Date of Birth	License Number	State	Accidents / Violations (Last 3 Yrs)

4. Coverage Requirements & Claims History

TARGET AUTO LIABILITY LIMIT

TARGET COMP/COLLISION DEDUCTIBLE

SPECIAL ENDORSEMENTS NEEDED (E.G., ADDITIONAL INSURED, WAIVER OF SUBROGATION)

ARE FORMAL LOSS RUNS FOR THE PAST 3-5 YEARS ATTACHED?

Yes No N/A (New Venture)