

*Sarah Judy's Insurance Agency*



## COMMERCIAL AUTO INSURANCE

Do you currently have insurance on your vehicle? If yes, put date of expiration. If no, use today's date.

EFFECTIVE DATE: \_\_\_\_\_ Former Company? \_\_\_\_\_

Do you currently have personal auto insurance? ☐ Yes ☐ No For a Year or More? ☐ Yes ☐ No

### BUSINESS INFO

Type: \_\_\_\_\_ Name: \_\_\_\_\_ DOT#? \_\_\_\_\_

☐ INDIVIDUAL/SOLE PROPRIETOR ☐ PARTNERSHIP ☐ CORPORATION/LLC

Any other insurance? ☐ General Liability ☐ Business Owner's Policy EIN# \_\_\_\_\_

### OWNER/DRIVER 1

First \_\_\_\_\_ M \_\_\_\_\_ Last \_\_\_\_\_

Address (location) \_\_\_\_\_

Address (mailing) \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

Phone \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_ MX \_\_\_\_\_ CDL? \_\_\_\_\_

Email \_\_\_\_\_

### DRIVER 2

First \_\_\_\_\_ M \_\_\_\_\_ Last \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_ MX \_\_\_\_\_ Relation \_\_\_\_\_

\*Additional Drivers On Back.

### VEHICLE INFO

VEHICLE 1: Year \_\_\_\_\_ Make \_\_\_\_\_ VIN# \_\_\_\_\_

Type of Vehicle: ☐ Car Carrier ☐ Pickup ☐ Tow ☐ Flatbed ☐ Tractor ☐ Other

Trailer Hitch? ☐ None ☐ 5<sup>th</sup> Wheel ☐ Tow Boom ☐ Ball at Bumper ☐ Ball in Bed ☐ Gooseneck

Tonnage? ☐ ½ Ton or Less ☐ ¾ Ton or More Farthest 1 Way: ☐ 50 ☐ 100 ☐ >100

Value \$ \_\_\_\_\_ Equipment Value \$ \_\_\_\_\_ ☐ NO PERMANENTLY ATTACHED EQUIPMENT

Coverage Requested: ☐ Full Deductible: \_\_\_\_\_ ☐ Liability ONLY

Usage? ☐ Business Only ☐ Business/Personal Limits Requested: \_\_\_\_\_

**\*\*Additional Coverages Requested:**

☐ Underinsured ☐ Towing/Roadside ☐ Medical ☐ Fire/Theft ☐ On Hook ☐ Cargo ☐ Trailer ☐ GL ☐ BOP

LIENHOLDER: \_\_\_\_\_

VEHICLE 2: Year \_\_\_\_\_ Make \_\_\_\_\_ VIN# \_\_\_\_\_

Type of Vehicle: ☐ Car Carrier ☐ Pickup ☐ Tow ☐ Flatbed ☐ Tractor ☐ Other

Trailer Hitch? ☐ None ☐ 5<sup>th</sup> Wheel ☐ Tow Boom ☐ Ball at Bumper ☐ Ball in Bed ☐ Gooseneck

Tonnage? ☐ ½ Ton or Less ☐ ¾ Ton or More Farthest 1 Way: ☐ 50 ☐ 100 ☐ >100

Value \$ \_\_\_\_\_ Equipment Value \$ \_\_\_\_\_ ☐ NO PERMANENTLY ATTACHED EQUIPMENT

Coverage Requested: ☐ Full Deductible: \_\_\_\_\_ ☐ Liability ONLY

Usage? ☐ Business Only ☐ Business/Personal Limits Requested: \_\_\_\_\_

**\*\*Additional Coverages Requested:**

☐ Underinsured ☐ Towing/Roadside ☐ Medical ☐ Fire/Theft ☐ On Hook ☐ Cargo ☐ Trailer ☐ GL ☐ BOP

LIENHOLDER: \_\_\_\_\_

Need to add a trailer? Year \_\_\_\_\_ Make \_\_\_\_\_ Vin# \_\_\_\_\_ Value \$ \_\_\_\_\_

\*Additional Vehicles on Back.

NOTES: \_\_\_\_\_