Business Auto — Prospect Intake Form

Business Snapshot

Business Name:		**DBA (if different):**	
Business/Office Address:		**City / State / ZIP:**	
Mailing Address (if different):		**City / State / ZIP:**	
Contact Name:		**Phone:**	
Email:		**Entity Type (LLC, Corp, Sole Prop, etc.):**	
Years in Business:		**Annual Revenue (approx.):**	
Federal EIN:		**Website (if any):**	

Fleet Overview

Total Number of Vehicles:	
Radius of Operation (Local, Intermediate, Long-Haul):	
Any Vehicles Used for Delivery/Hauling for Others? (Y/N):	
Any Owned Vehicles Leased to Others? (Y/N):	
Desired Liability Limits (if known):	
Physical Damage Coverage Desired? (Comp/Collision — Y/N):	

Vehicle List

Year/Make/Model	VIN	Garaging Address	Value

Attach a separate sheet if more than 4 vehicles.

Driver List

Driver Name	Date of Birth	License Number	License State

Attach a separate sheet if more than 4 drivers.

Loss History

Any Auto Claims/Accidents in the Past 5 Years? (Y/N — describe):	
Any Driver MVR Issues (tickets/DUIs) in the Past 3 Years? (Y/N — describe):	
Current/Prior Carrier & Expiring Premium (if known):	
Requested Effective Date:	