

Commercial Auto Worksheet

Effective Date: _____ **Producer:** _____

Named Insured (incl D/B/A): _____

Entity: _____ **Sole Proprietor** _____ **Partnership** _____ **Corporation** _____ **LLC**

Mailing Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Contact Name: _____ **Phone:** (____) _____ **Fax #:** (____) _____

E-Mail/Website Information: _____ **Date Est:** _____

Description of Operations: _____ **Yrs. Of Exp.** _____

Auto Coverages:	Symbol(s)	Covered Auto Symbols
Liability Limit: \$		(1) Any Auto (2) All Owned Autos
Medical Limit: \$		(3) Owned Private Passenger Autos (4) Owned Autos Other than PPT
UM/UIM Limit \$		(5) All owned Autos Requiring No Fault Coverage
Comp Deductible: \$		(6) Owned Autos Subject to Compulsory U.M. Law (7) Autos Specified on Schedule
Coll Deductible: \$		(8) Hired Autos (9) Non-Owned Auto

Additional Coverages:

Drive Other Car Coverage: Names:	Towing: (available only on PPT)
Rental Reimbursement Coverage: (available only on PPT)	Hired Physical Damage: Limit:

Vehicle Description:

Veh #	Yr.	Make/Model	Serial #	Cost New	Garage Location
1.					
2.					
3.					
4.					
5.					
6.					

Driver Schedule:

Name:	Date of Birth:	State:	License #

Revised 8/14