



## Commercial Auto Questionnaire

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Policy Date: \_\_\_\_\_

Attach a copy of your policy declaration page and vehicle schedule or complete the following:

<i>Limit of Insurance</i>	<i>Collision Deductible</i>	<i>Comp. Deductible</i>

<i>Vehicle year/make/model</i>	<i>Vehicle Identification #</i>	<i>Original Cost</i>	<i>Vehicle Use</i>

List drivers' full name and driver license number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Claims:** Please attach 3 years of loss reports from each insurance company (if available) or describe paid claims on a separate page.

**Services Provided:** Briefly describe the services provided by your business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return this by fax to (248) 373-5586 or by mail to:*

**Brownrigg Companies, LTD**

**2601 S. Lapeer Rd**

**Auburn Hills, MI 48326**

**(800) 397-5580**

**[www.brownrigg.com](http://www.brownrigg.com)**

