



UCA GENERAL INSURANCE SERVICES
 "Service Is Our Strength"™

Commercial Auto Questionnaire

Today's Date: _____

Proposed Effective Date: _____

Section I – General Information

Applicant Name: _____

Garaging Address: _____

Nature of Operations & Use of Auto: _____

Radius: _____

Losses in past 3 years: None 1-2 Losses 3-4 Losses Over 5 Losses

Section II – Coverage

Coverage	Limits	Deductibles
Bodily Injury	_____	
Property Damage	_____	
Medical/PIP	_____	
UM/UIM	_____	
Comprehensive		_____
Collision		_____
Hired & Non-Owned Auto Liability	_____	

Section III – Automobiles

Use separate sheet if more than 3 autos

	Year	Make	Model	Cost New	Van Seating Capacity
1.	_____	_____	_____	\$	_____
2.	_____	_____	_____	\$	_____
3.	_____	_____	_____	\$	_____

Section IV – Information

Total Number of Drivers _____ # Over 65 _____ # Under 21 _____

Number of employees who use their personal automobile for insured's business: _____

The above information will enable UCA General to give you a premium indication. The indication will be based on the consideration that there are no problem drivers (major or frequent citations).

To bind coverage, we will need a complete Acord application.

Agency Name _____ **By** _____

Tel _____ **E-mail** _____