Business Insurance Quote Questionnaire — Commercial Auto

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Contact Person

Coverages you want quoted

☐ Business Owners Policy (BOP) ☐ General Liability ☐ Commercial Property ☑ Commercial Auto ☐ Workers' Compensation
☐ Commercial Umbrella / Excess ☐ Professional Liability / E&O ☐ Inland Marine / Contractors Equipment ☐ Cyber Liability
☐ Surety & Bonds ☐ Church & Non-Profit

Your Name | **Your Title / Role** | **Preferred Office**

Email | **Phone** | **Cell / Other Phone**

Best Time to Reach You
Options: Morning · Midday · Afternoon · Any time

Contact for Inspections (if different)

About the Business

Legal Business Name | **DBA / Trade Name (if any)**

Type of Business Entity | **FEIN (optional)** | **Year Business Started**
Options: Sole proprietor / Individual · Partnership · LLC · Corporation · S Corporation · Non-profit / 501(c)(3) · Church / Religious organization · Joint venture · Trust / Estate · Other

Type of Business | **Owners' Years of Experience in This Industry** | **NAICS / SIC Code (if known)**
Options: Contractor / Trades · Retail / Store · Restaurant / Food service · Office / Professional services · Medical / Healthcare · Manufacturing · Wholesale / Distribution · Auto service / Repair / Dealer · Trucking / Transportation · Real estate / Landlord · Hotel / Hospitality · Church / Religious · Non-profit / Social services · Farm / Agriculture · Other

Business Phone | **Website**

Describe What Your Business Does

Addresses & Locations

Mailing Address

City | **State** | **ZIP**

Business locations

List every place you operate, store property, or have employees. Type "Same as mailing" if it is the same.

#	Street Address	City	State	ZIP	County	Own or Lease	What Is Done Here
1							
2							
3							
4							

Own or Lease: Own / Lease / Rent / Home-based

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Size of the Business

Estimated Annual Revenue (next 12 months)

Last Year's Revenue

Total Annual Payroll

Full-Time Employees

Part-Time Employees

Do you hire subcontractors or independent contractors? ☐ Yes ☐ No

Annual Cost of Subcontractors

Do You Collect Their Certificates of Insurance?

Options: Always · Sometimes · No

Is the business seasonal, or open only part of the year? ☐ Yes ☐ No — If yes, please explain

Current Insurance & Dates

Desired Effective Date

Current Policy Expiration

Current Insurance Company(s)

Current Total Annual Premium

Coverages You Have Now

Is this a new business, or has it gone without insurance? ☐ Yes ☐ No — If yes, please explain

Has any policy been cancelled, declined or non-renewed in the past 3 years? ☐ Yes ☐ No — If yes, please explain

Tip: attaching your current declarations pages at the end of this worksheet helps us compare coverages and get your quote back faster.

General Questions

Any bankruptcy, foreclosure, tax lien or judgment against the business or its owners in the past 5 years? ☐ Yes ☐ No — If yes, please explain

Do the owners have other businesses, subsidiaries or related companies? ☐ Yes ☐ No — If yes, please explain

Does the business store, use or haul hazardous materials (chemicals, fuel, explosives)? ☐ Yes ☐ No — If yes, please explain

Any operations, sales or employees outside of North Carolina? ☐ Yes ☐ No — If yes, please explain

Do you have a written safety program or safety meetings? ☐ Yes ☐ No

Has any owner or officer been convicted of arson, fraud or another insurance-related crime? ☐ Yes ☐ No — If yes, please explain

Claims & Loss History (past 5 years)

Any claims or losses in the past 5 years, on any type of business insurance? ☐ Yes ☐ No

#	Date	Type of Claim	What Happened	Amount Paid	Open / Closed
1					
2					
3					
4					

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Type of Claim: Property / General liability / Auto / Workers' comp / Professional / Cyber / Bond / Other • Open / Closed: Closed / Open

Loss runs (claims history reports from your current or prior insurance company) help underwriters review your account. You can attach them with this worksheet. If you don't have them, an agent can request them for you.

Loss runs attached?

Options: Yes · No · Will send later

Years of loss runs (e.g. 2021-2026)

Other Coverages You'd Like Quoted (optional)

Check any that interest you

☐ Employment Practices (EPLI) ☐ Directors & Officers (D&O) ☐ Crime / Employee Theft ☐ Liquor Liability ☐ Equipment Breakdown
☐ Builder's Risk ☐ Garage / Auto Dealers ☐ Flood ☐ Special Events ☐ Farm / Agribusiness ☐ Key Person Life
☐ Employee Benefits / Group Health

Commercial Auto — Vehicles

Include trailers. A copy of your registrations works too: upload it with your dec pages.

#	Year	Make & Model	VIN	Body Type	Weight (GVW)	Cost New / Value	Garaged ZIP	How Far It Goes	Coverage	Lienholder
1										
2										
3										
4										
5										
6										
7										
8										

How Far It Goes: Local (under 50 mi) / 50–200 miles / Over 200 miles • Coverage: Full coverage / Liability only

Commercial Auto — Drivers

List everyone who drives a business vehicle, including part-time drivers and family members.

#	Full Name	Date of Birth	License #	State	Years Driving	CDL?	Accidents / Tickets (3 yrs)
1							
2							
3							
4							
5							
6							
7							
8							

CDL?: No / Yes

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Commercial Auto — Coverage & Use

Liability Limit

Options: $300,000 combined single limit · $500,000 combined single limit · $1,000,000 combined single limit · 100/300/100 split limits · 250/500/100 split limits · Not sure

Uninsured / Underinsured Motorist

Options: Same as liability · Lower limit · Not sure

Comprehensive Deductible

Options: $250 · $500 · $1,000 · $2,500 · Not sure

Collision Deductible

Options: $500 · $1,000 · $2,500 · Not sure

Medical Payments

Options: $1,000 · $5,000 · None · Not sure

Optional coverages

- ☐ Rental reimbursement
- ☐ Towing & labor
- ☐ Hired & non-owned auto
- ☐ Loan / lease gap
- ☐ Additional insured / lessor
- ☐ Waiver of subrogation
- ☐ Motor truck cargo
- ☐ Trailer interchange
- ☐ Pollution (haulers)

Do you have a USDOT or MC number, or haul goods for others? ☐ Yes ☐ No

USDOT #

MC #

% Hauling for Others

What Do You Haul?

Do employees or family members drive business vehicles home or for personal use?	☐ Yes	☐ No	If yes, please explain
Do employees use their own cars for business errands?	☐ Yes	☐ No	If yes, please explain
Are any business vehicles titled in an owner's personal name?	☐ Yes	☐ No	If yes, please explain
Do you pull trailers or tow other vehicles?	☐ Yes	☐ No	If yes, please explain
Do you haul hazardous materials that need placards?	☐ Yes	☐ No	If yes, please explain
Do you check driving records (MVRs) before hiring drivers and every year after?	☐ Yes	☐ No	

Notes & Authorization

Additional Notes or Questions for Your Agent

Helpful to include: current declarations pages, loss runs (3–5 years), vehicle registrations, equipment list, and (for bonds) financial statements. Please do NOT include Social Security numbers, bank account numbers, or payment card numbers.

DISCLAIMER: This worksheet is for quotation purposes only and does not bind coverage. By signing, you authorize Maxwell B. Hamrick Insurance Agency, Inc. and the insurance companies it represents to obtain loss history, motor vehicle reports, and business credit or financial information as needed to prepare accurate quotes.

Signature (type full name)

Title

Date

Return completed form to state@mbhamrickins.com — or bring to Boiling Springs or Shelby — Questions? 1-800-993-3800