



Insurance and Risk Control Solutions for Environmental Service Firms

AUTO INSURANCE QUESTIONNAIRE

Please return this form by fax, mail, or email.

1. Company Name:

2a. Mailing Address:

2b. City, State, Zipcode:

3. Registered Owner of Vehicle(s):

4. Garaging Location(s):

5. List all vehicles (If necessary, attach sheet by):

	Year (yyyy)	Make	Model	Vehicle ID No.
Car 1				
Car 2				
Car 3				
Car 4				
Car 5				

6. Special filings required? (e.g. PUC, MCS 90, etc.):

7. Description of any special equipment attached / materials handled:

8. List of drivers (attach separate sheet if necessary):

	Full Name	Date of Birth (mm/dd/yyyy)	Driver License No.
1			
2			
3			
4			
5			

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9. Please identify your Auto insurer for the past 5 years and policy number.

	Expiration Date (mm/dd/yyyy)	Insurer	Policy #
1			
2			
3			
4			
5			

10. Complete description of any claims over the past 5 years (include date of accident, amount of loss, etc. – please send separate sheet if necessary. Include insurer loss runs if available):

11a. Limits of Liability desired:

11b. Uninsured Motorist limit:

11c. Medical Payments limit:

11d. Physical Damage desired?

Yes No

11e. If yes, Comprehensive Deductible amount:

12a. Current number of employees:

12b. Number of employees 12 months ago:

13. Will applicant implement a policy to not allow any driver with over 3 points to drive?

Yes No

14. Does applicant or owner have a separate personal auto policy?

Yes No

15. Does applicant allow any personal use of auto(s)?

Yes No



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Signature over printed name of person completing the questionnaire:

Phone Number (ex: 000-000-0000):

E-mail:

Date (mm/dd/yyyy):