

AUTOMOBILE FLEET QUESTIONNAIRE



Broker _____ Producer _____ Incumbent? Yes No

Applicant is: Individual Co-partnership Corporation

Full Name of Applicant (including all operating names & subsidiaries)

Business & Postal Address

Nature of Applicant's Business

Years in Business

Do we write or will we be quoting on the following:

Cargo Policy No Yes # _____ Property Policy No Yes # _____

Liability Policy No Yes # _____ Other (Specify) No Yes _____

INSURER'S NAME(S), POLICY NUMBERS AND POLICY TERMS FOR THE PAST THREE YEARS

Insurer's Name	Policy Number	Effective Date	
		From	To

LOSS HISTORY - PREVIOUS THREE YEARS (Split by Type of Loss and including Adjusting Expenses) *

Loss Date	Type of Loss	Amount Paid/ Reserved	Status Open/Closed	Details of Loss	Driver's Name	Age

* Attach separate sheet if insufficient space is provided.

LIST ALL MUNICIPAL, PROVINCIAL, STATE OR FEDERAL AUTHORITIES WHICH REQUIRE THE APPLICANT TO FILE OR SHOW PROOF OF INSURANCE

Name & Address of Authority	Form Type & Number	Minimum Limit Required

