



HEFFERNAN INSURANCE BROKERS

A Member of the Heffernan Group

Business Auto Questionnaire

The purpose of this questionnaire is to best describe the nature of your business, so that as brokers and small business experts, we can pinpoint your insurance needs. We aim to provide the most comprehensive package policy available to you, customized for your individual operation.

Business Name: _____ **Website:** _____

Mailing Address: _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Contact Name: _____ **# of Years in Business:** _____

Current Insurance Carrier: _____

Renewal Date(s): _____ **Current Premium: \$** _____

Indiv ___ **Corp** ___ **Partnership** ___ **LLC** ___ **Joint Venture** ___ **Other** _____

Description of Operations: _____

Auto Information:

1) **VIN:** _____ **Make:** _____ **Model:** _____

Year: _____ **Value New: \$** _____ **Coverage: Full Coverage** **Liability Only**

2) **VIN:** _____ **Make:** _____ **Model:** _____

Year: _____ **Value New: \$** _____ **Coverage: Full Coverage** **Liability Only**

3) **VIN:** _____ **Make:** _____ **Model:** _____

Year: _____ **Value New: \$** _____ **Coverage: Full Coverage** **Liability Only**

Driver Name: _____ **DL#:** _____ **DOB:** _____

Driver Name: _____ **DL#:** _____ **DOB:** _____

Driver Name: _____ **DL#:** _____ **DOB:** _____

Garaging Location: City _____ **State** _____ **Zip** _____ **Same as above:**