

Business Automobile Insurance Survey

Send to Frank Gittinger, 1739 Citadel Plaza, San Antonio, TX 78209, e-mail fcg@gittingercos.com, or fax to 210-805-1290

Full Legal Name:			
Trade Name, DBA:			
Primary Address:			
City:		Zip:	
Phone	Fax:	Web:	
Primary e-mail:			
Owner(s):			
Years in Business:			
Owner(s) Social Security #	For privacy, I will call you	FEIN Tax #	
Phone #:	Current Agent / Insurance Company:		
Phone #:			
Company:			
Cell #			
Business Information:			
➤ Business Type:	() Corporation () Partnership () Partnership () Other:		

Name of Insured (title of vehicles): _____

Nature of Business: _____

Effective Date Needed: _____

Current Insurance Carrier: _____

Losses: (If any, date of loss and details) _____

Coverage Limits	Current Policy	Plan A	Plan B	Plan C	Plan D (custom)
Combined Single Limit	\$	\$300,000	\$500,000	\$1,000,000	
Uninsured Motorist	\$	\$ 55,000	\$500,000	\$1,000,000	
Personal Injury	\$	\$ None	\$ 2,500	\$ 5,000	
Collision / Deductible	\$	\$ None	\$ 500	\$ 1,000	
Comprehensive Ded.		\$ None	\$ 500	\$ 1,000	
Non-Owned & Hired Car Liability	\$	\$ None	\$500,000	\$1,000,000	
Non-Owned & Hired Physical Damage	\$	\$ None	\$ 25,000	\$ 50,000	
Drive Other Car Coverage (Personal)	\$	\$ None	\$ Included	\$ Included	
Check Selected Plan:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Vehicle Schedule

Vehicle	Year	Make	Description & Equip.	ID # Last 4 digits	Special Perils	Compre. Ded.	Collision Ded.
1							
2							
3							
4							
5							
6							
8							
9							
10							

Which vehicles, if any, have a radius of operation of over 50 miles from your company's garage city or town?

Vehicles #s _____

Drivers List

List drivers including drivers who use their own vehicles on company business. List or attach a copy of drivers' license.

	Driver Name	Birth Date	State	Drivers License #
01			TX	
02			TX	
03			TX	
04			TX	
05			TX	
06				
07				
08				
09				
10				

Business Automobile Policy Information

Year	Effective Dates	Company – Policy Number	Annual Premium
2010			
2009			
2008			
2007			
Date	Type of Loss	Details of Loss	
2010			
2009			
2008			
2007			