

## Business Insurance Questionnaire

Agent:

**Lincoln Insurance**  
**9176 S. 300 W. Suite 4**  
**Sandy, UT 84070**  
**(801)601-3101**

Company Name		Incorporated?
Contact Name		***** Tax ID#
Phone	Fax	Years in Business
Email		Website
Address		
Any losses in the past 3 years? If so please explain.		

### Commercial Auto

Vehicle Liability Limit	100 CSL	300 CSL	500 CSL	1 MILLION CSL		
	100 / 300	250 / 500	500 / 1 MILLION	Other		
Vehicle List. Typically you can just copy your existing policy which will include the VINs - list trailers						
Vehicle #	Year	Make	Model	VIN *****	Liability	Comp/Coll
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
Deductible		Comprehensive		Collision		
Drive Name *****	Date of Birth **	Drivers License Number *****			Violations	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Please return this to completed form to:

**Lincoln Insurance**  
**9176 S. 300 W. Suite 4**  
**Sandy, UT 84070**  
**Phone (801) 601-3101**  
**Fax (801) 601-3120**