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C Wong Insurance Agency
Commercial Auto Questionnaire

Name: _____

Phone: _____

DBA: _____

Fax: _____

Address: _____

_____ E-Mail: _____

Sole Proprieter

Partnership (# of partners_____)
*Only ones active in field

Corporation(# of officers) _____
*Only ones active in field

_____ Years in business

_____ Current Carrier
_____ Expiration Date
_____ Required Limits of Liability
_____ Required Deductible

_____ How many years of continuous coverage?
_____ For the past 5 years, any claims or losses?
(If yes, will need loss runs & details on claims)

Description of Operations: _____

_____

Drivers List:
Name _____ DL# _____ DOB _____

Vehicle List

Vehicle Type	Make	Model	Year	Approx Value	VIN #	Used for Personal

Mailing Address:
P O Box 6028
Vallejo, Ca. 94591

Physical Address:
301 Georgia Street, #315
Vallejo, Ca. 94590

Phone: (800) 388-0074
Fax: (707) 644-6272