



**Comprehensive Commercial
Insurance Services, Inc.**

27715 Jefferson Avenue, #201,
Temecula, California 92590-2665
Phone: (800) 216-2247
Fax: (877) 216-2247
Web Site: www.thinkccis.com
E-mail: marketing@thinkccis.com
License #: 0B36163

Commercial Auto Questionnaire

- 1) Owner's Name: _____ 2) Contact Name: _____
- 3) Business Name: _____
- 4) How Did You Hear About Us? _____
- 5) Years In Business _____ 6) Years Experience _____ 7) Contractors License # _____
- 8) Phone # _____ 9) Fax # _____ 10) E-mail _____
- 11) Address - Mailing: _____
Physical: _____
- 12) Current Insurance Company Name _____
a) Renewal Date _____
b) Annual Premium _____
- 13) Coverages Requested (Circle One):
a) Liability: \$50,000 / \$100,000 / \$300,000 / \$500,000 / \$600,000 / \$1,000,000
b) Uninsured Motorist: \$50,000 / \$100,000 / \$300,000 / \$500,000 / \$600,000 / \$1,000,000
c) Medical Pay: \$500 / \$1,000 / \$2,000 / \$5,000 / \$10,000
d) Hired Auto Liability: Yes _____ No _____
e) Non-ownership Liability: \$50,000/\$100,000/\$300,000/\$500,000/\$600,000/\$1,000,000
f) Collision Deductible: \$250 / \$500 / \$1,000 / \$2,500 / \$5,000 / \$10,000
g) Comprehensive Deductible: \$250 / \$500 / \$1,000 / \$2,500 / \$5,000 / \$10,000
h) Liability Deductible: \$500 / \$1,000 / \$1,500 / \$2,000 / \$2,500 / \$5,000 / \$10,000 / \$25,000
- 14) Vehicle Information:
a) Vehicle #1-VIN _____
b) Vehicle #2-VIN _____
c) Vehicle #3-VIN _____
d) Vehicle #4-VIN _____
- 15) Vehicle Information:
a) Driver #1: Name _____ CA Drivers License # _____
b) Driver #2: Name _____ CA Drivers License # _____
c) Driver #3: Name _____ CA Drivers License # _____
d) Driver #4: Name _____ CA Drivers License # _____
- 16) How Should We Deliver Your Quote? Fax _____ Email _____ US Mail _____ Phone _____
- 17) Additional Comments (Claims, etc.): _____

Please Fax Or Email To Us For A Commercial Auto Quote. If You Have Any Questions, Please Do Not Hesitate To Contact Us.