

# **Commerce Insurance**

## The Commerce Insurance Company Citation Insurance Company

211 Main Street, Webster, Massachusetts 01570 (508) 943-9000

Member of The Commerce Group, Inc.

## BUSINESS USE (CLASS 30) VALIDATION QUESTIONNAIRE

POLICY NUMBER: NAMED INSURED: POLICY EFF. DATE: TRANS. EFFECTIVE DATE:

CONTACT AT THE AGENCY:

**VEHICLE DESCRIPTION:** 

**TO WHOM IS THE VEHICLE REGISTERED TO** (as noted on the RMV-1)?

(If registered in a company name, refer to Underwriter)

WHAT IS THE GROSS VEHICLE WEIGHT? (This is not the registration weight):

(If GVW 10,000 pounds or more refer to Underwriter)

WHAT IS THE BUSINESS USE? (be specific)

#### IS THE PRIMARY USE OF THE VEHICLE TO TRANSPORT SUPPLIES?

If yes, what type of supplies:

### IS THE VEHICLE USED TO SNOW PLOW:

(If vehicle used to plow, refer to Underwriter)

Is an additional insured required to be listed (other than lessor, loss payee or lienholder):

If yes, is a Certificate of Insurance required:

### IS THE VEHICLE USED TO TRANSPORT PEOPLE FOR A FEE:

(If yes, refer to Underwriter)

If yes, what is the number of people transported?

Does the vehicle have a livery plate?

**IS THE VEHICLE FURNISHED FOR EMPLOYEE USE:** (If yes, they must be listed as operator on the policy and must be referred to Underwriter)

Is vehicle available to employees:

If yes, how many employees:

Does this number change employees:

ADDITIONAL COMMENTS: