

# Commercial Vehicle Insurance Application

**Policy Number:** 123456

**Effective Date:** 01-01-2024

## 1. Applicant Information

Primary Insured Name: John Doe

Date of Birthday: 10/21/2000

Address: 1500 N Michael Dr, Wood Dale, IL, 60191

Phone Number: (555) 123-4567

Email Address: [john.doe@xyztransport.com](mailto:john.doe@xyztransport.com)

## 2. Business Information

Type of Business: Freight & Logistics

Years Business Started: 1999 Annual

Revenue: \$5,000,000

Number of Employees: 50

Business Owner Name: John Doe

### 3. Vehicle Information

Make: Volvo

Model: S60

Year: 1996

VIN Number: 1VXYZ1234567891011

License Plate Number: 7ABC123

Body Type: Automobile - 4 Door Sedan

Gross Vehicle Weight: 1000

Base MSRP: 1000000

Total MSRP: 1000000

Radius Of Operation: 100

Vehicle Use Description: Leased to United States Government – owner

Garaged Address: 7 158th Pl, Calumet City, IL, 60409

Application Registered Owner: Yes

Current Mileage: 85,000 miles

### 4. Driver Information

Driver Name: Michael Smith

Driver's License Number: C12345678

Driver License Type: US

License State: California

Date of Birth: 05/14/1985

Diver Relationship To Applicant: Business Owner

## 5. Coverage Information

Coverage Type: Comprehensive & Collision

Liability Limits: \$1,000,000

Deductible Amount: \$1,000

Desired Coverage Start Date: 10/01/2024

## 6. Signature

Applicant Signature: John Doe

Date: 09/24/2024