



MALONEY & COMPANY, LLC

The Art of Risk Management

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Accountants Commercial Auto Questionnaire

Instructions: *Please make a copy of this form for each vehicle for which you will need coverage. Complete the forms to the best of your ability and return it/them to us.*

Vehicle Make (e.g. Ford, Volvo): _____

Vehicle Model (e.g. Fusion, S80): _____

Year of Vehicle: _____

Cost of the vehicle new (if leased, what is the purchase price?): \$ _____

Vehicle Identification Number (VIN): _____

Principal Driver Name: _____

Principal Driver Date of Birth: ____/____/____ (month/day/year)

Driver's License Number: _____

State in which License was Issued: _____

Location in which Vehicle will be Primarily Kept:

Street Address: _____

City: _____ **State:** _____

To the best of my knowledge, these responses are accurate, true, and complete

Signed: _____ **Date:** _____

After the form is completed, please fax or email it back to us.

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