



GO INSURANCE CENTER

Since 1979
CA State License #0H66721

대양종합보험

3700 Wilshire Blvd. Ste. 1080 Los Angeles, CA 90010
Tel: (888) 751-8838 / (213) 383-6100 / Fax: (213) 386-5834 / Info@goins79.com

G.O. INSURANCE COMMERCIAL AUTO QUESTIONNAIRE

* NAME OF APPLICANT:		* CONTACT PHONE#	
* MAILING ADDRESS:			
* GARAGING ADDRESS:			
* TYPE OF BUSINESS ENTITY: INDIVIDUAL PARTNERSHIP CORPORATION LLC OTHER:			
* YEAR YOUR BUSINESS STARTED:			
* # OF YEARS EXPERIENCE IN THIS TYPE OF BUSINESS:			
* Description of how vehicles are used:			
* CURRENT CARRIER:		* EFFECTIVE DATE:	
* DRIVER INFORMATION (If more than 4 drivers, please provide information with separate paper)			
#1 DRIVER NAME:			
DATE OF BIRTH:	LICENSE #:	YEARS LICENSED:	
GENDER:	MARITAL STATUS:		
OCCUPATION:			
RELATIONSHIP TO APPLICANT:			
#2 DRIVER NAME:			
DATE OF BIRTH:	LICENSE #:	YEARS LICENSED:	
GENDER:	MARITAL STATUS:		
OCCUPATION:			
RELATIONSHIP TO APPLICANT:			
#3 DRIVER NAME:			
DATE OF BIRTH:	LICENSE #:	YEARS LICENSED:	
GENDER:	MARITAL STATUS:		
OCCUPATION:			
RELATIONSHIP TO APPLICANT:			
#4 DRIVER NAME:			
DATE OF BIRTH:	LICENSE #:	YEARS LICENSED:	
GENDER:	MARITAL STATUS:		
OCCUPATION:			
RELATIONSHIP TO APPLICANT:			
* VEHICLE INFORMATION (If more than 4 vehicles, please provide information with separate paper)			
VEH 1	YEAR:	MAKE:	MODEL:
	VIN#		
	LEASED OR PURCHASE		

VEH 2	YEAR:	MAKE:	MODEL:
	VIN#		CURRENT ODOMETER:
	LEASED OR PURCHASE		ANNUAL MILEAGE DRIVEN:
VEH 3	YEAR:	MAKE:	MODEL:
	VIN#		CURRENT ODOMETER:
	LEASED OR PURCHASE		ANNUAL MILEAGE DRIVEN:
VEH 4	YEAR:	MAKE:	MODEL:
	VIN#		CURRENT ODOMETER:
	LEASED OR PURCHASE		ANNUAL MILEAGE DRIVEN:

*** COVERAGES**

	BI	PD	MED	UMBI	UMPD	COMP	COLL	WAIVER	TOWING	RENTAL
VEH 1					Y / N					
VEH 2					Y / N					
VEH 3					Y / N					
VEH 4					Y / N					
IF CSL	\$100,000	\$300,000	\$500,000	\$1 MIL						

REMARK: