

LI FINANCIAL GROUP LTD.  
4940 MERRICK ROAD #349  
MASSAPEQUA PK, NY 11762  
(516) 798-2299  
(877) 755-9950 (877) 755-9910 FAX  
[lifinancialgroup@yahoo.com](mailto:lifinancialgroup@yahoo.com)  
[www.lifinancialgroup.com](http://www.lifinancialgroup.com)

## BUSINESS AUTO QUESTIONNAIRE

NAME OF BUSINESS \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE BUSINESS STARTED: \_\_\_\_\_

OWNERS DATE OF BIRTH \_\_\_\_\_ LICENSE # \_\_\_\_\_

DRIVER DATE OF BIRTH \_\_\_\_\_ LICENSE# \_\_\_\_\_

TAX ID \_\_\_\_\_ OR SS # \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

VEHICLE USED FOR \_\_\_\_\_

IF CONTRACTOR:( WHAT TYPE) \_\_\_\_\_

HOW MANY EMPLOYEES: \_\_\_\_\_

IS THERE WORKERS COMP FOR EMPLOYEES: YES NO

PREVIOUS INSURANCE INFO:

ANY LOSSES: \_\_\_\_\_

VEHICLE INFORMATION:

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN: \_\_\_\_\_ PLATE# \_\_\_\_\_

COVERAGE DESIRED 100,000-300,000-500,000-1,000,000

PROOF OF PERSONAL INSURANCE AUTO POLICY

LIST OF ALL DRIVERS WITH D/O/B SS# AND LICENSE NUMBERS:

AGENCY NAME \_\_\_\_\_

YOUR NAME \_\_\_\_\_

YOUR TELEPHONE \_\_\_\_\_