

California Automobile Assigned Risk Plan (CAARP)

COMMERCIAL/PUBLIC AUTO QUESTIONNAIRE

(This form was designed to aid the producer in providing a CAARP Commercial Quote.)

Producer Name:	Applicant Name:
Phone #:	Address:
Fax #:	Phone:

1. #Vehicle(s): _____ Coverage Required: BIPD _____ UMBI _____

Limits & Coverages Required By: _____

Year	Make	Model	Vehicle I.D. #	Garaging Address (include zip)	Seating Capacity

*** Seating Capacity Does Not Include Driver.**

2. Detailed description of vehicle use. If it varies by vehicle, please specify separately for each vehicle.

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3. Radius = Number of, one-way straight line miles traveled from garaging address to furthest final destination. If radius differs by vehicle, specify separately for each. If more than 1 radius class, specify %.

☐ 0 - 50 miles _____ % ☐ 51 - 200 miles _____ % ☐ 200+ miles _____ %

4. List all cities where vehicle operates in and through (include zip codes).

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5. Are routes scheduled and published? _____

6. Which airport(s) does vehicle(s) travel to?

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7. Is applicant a non-profit organization? _____

8. Is the vehicle for hire? ☐ Yes ☐ No

9. Cost of Hire - List all expenses paid to independent owner operators during the prior 12 months.

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10. Total number of employees: _____ Number that use their own vehicles in business: _____

11. What filings or certificates will be required to be made on behalf of the applicant? ☐ DMV ICC ☐

☐ PUC ☐ TCP ☐ MCS-90 ☐ Other (include state)

12. Provide drivers list and report any convictions and accidents in the last 36 months.