



### COMMERCIAL AUTO CHECKLIST

<b>Insured</b>		<b>Effective Date:</b>	
<b>COMMERCIAL AUTO INSURANCE</b>		<b>Producer Code:</b>	
	<b>Signed Auto Application by all the Owners</b>		
	<b>Signed Garage Auto Application OAP#4 (For Garage Risks Only)</b>		
	<b>Payment Plan Pre-Authorization Form for Monthly</b>		
	<b>Any Loss Payee, Mortgagee, Additional Insured, Lessor, Lienholder, Certificate Holder etc</b>		
	<b>Commercial Vehicle Supplement with Full Details of Operation / Use of Vehicle</b>		
	<b>Auto Plus and MVR for All the Drivers</b>		
	<b>PAP Authorization Form</b>		
	<b>VOID Cheque</b>		
	<b>Vehicle Ownerships for All the Vehicles</b>		
	<b>CVOR Level II</b>		
	<b>CVDR &amp; Experience Letter For Each Driver</b>		
	<b>Privacy Consent Form</b>		

Office Notes:

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Producer Name & Signature