



**BUSINESS USE (CLASS 30)  
VALIDATION QUESTIONNAIRE**

POLICY NUMBER: \_\_\_\_\_ NAMED INSURED: \_\_\_\_\_  
POLICY EFF. DATE: \_\_\_\_\_ TRANS. EFFECTIVE DATE: \_\_\_\_\_

CONTACT AT THE AGENCY: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_

**TO WHOM IS THE VEHICLE REGISTERED TO** (as noted on the RMV-1)?  
(If registered in a company name, refer to Underwriter)

\_\_\_\_\_

**WHAT IS THE GROSS VEHICLE WEIGHT?** (This is not the registration weight): \_\_\_\_\_  
(If GVW 10,000 pounds or more refer to Underwriter)

**WHAT IS THE BUSINESS USE?** (be specific)

\_\_\_\_\_  
\_\_\_\_\_

**IS THE PRIMARY USE OF THE VEHICLE TO TRANSPORT SUPPLIES?**

If yes, what type of supplies: \_\_\_\_\_

\_\_\_\_\_

**IS THE VEHICLE USED TO SNOW PLOW:**

(If vehicle used to plow, refer to Underwriter)

Is an additional insured required to be listed (other than lessor, loss payee or lienholder):

If yes, is a Certificate of Insurance required:

**IS THE VEHICLE USED TO TRANSPORT PEOPLE FOR A FEE:**

(If yes, refer to Underwriter)

If yes, what is the number of people transported? \_\_\_\_\_

Does the vehicle have a livery plate? \_\_\_\_\_

**IS THE VEHICLE FURNISHED FOR EMPLOYEE USE:** (If yes, they must be listed as operator on the policy and must be referred to Underwriter)

Is vehicle available to employees:

If yes, how many employees: \_\_\_\_\_

Does this number change employees: \_\_\_\_\_

ADDITIONAL COMMENTS: