



**P.O. Box 1004, Skokie, IL 60076**  
**Phone: 847-583-4600 | Fax: 847-583-9011**

# Business Use Questionnaire

Date: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Insured: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Vehicle Involved In Loss: \_\_\_\_\_

Dear **Policy Holder**:

Our investigation of this loss reveals that you or the driver of your vehicle was using the vehicle for business purposes. What kind of business are you in?

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

How long have you been using your vehicle in this capacity?

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

Does any other driver use your vehicle for work? If so, how often?

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

*Please complete and return as soon as possible.*