



Business Use Questionnaire

P.O. Box 1091, Skokie, IL 60076
Phone: 847-583-4600 | Fax: 847-583-9011

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.