

[Company Letterhead]

[Date]

[Recipient Name]

[Recipient Title]

[Company Name]

[Address]

**Subject: Coverage Requirements Checklist for Commercial Fleet Expansion**

Dear [Name],

To facilitate the addition of new vehicles to your commercial auto policy, please review and provide the information requested in the checklist below. Ensuring all documentation is complete will prevent delays in coverage activation.

**1. Vehicle Information**

- Year, Make, and Model of each unit
- Full 17-digit Vehicle Identification Number (VIN)
- Gross Vehicle Weight (GVW)
- Purchase Price and Date of Acquisition
- Primary Garage Location (Zip Code)

**2. Driver Documentation**

- Full Legal Names and Dates of Birth for all new operators
- Driver's License Numbers and State of Issuance
- Motor Vehicle Records (MVRs) for the past 3 years
- Current Medical Examiner's Certificates (if applicable)

**3. Usage and Operations**

- Description of intended use (e.g., delivery, service, hauling)
- Primary radius of operation (in miles)
- Confirmation of any hazardous materials to be transported
- Confirmation of any trailing equipment or specialized attachments

**4. Financial and Compliance**

- Bill of Sale or Lease Agreement copies
- Lienholder or Lessor information (Loss Payee details)
- Updated Safety Manual or Fleet Safety Policy (if requested)

Please submit these documents to our underwriting department at [Email Address] or via our secure portal. Coverage is not bound until you receive written confirmation from our office.

Sincerely,

[Your Name]

[Your Title]

[Phone Number]