

1. GENERAL INFORMATION

Company Name: _____ Date: _____

Mailing Address: _____

Contact Name: _____ Phone: _____

Email Address: _____ Website: _____

Organization Type: Individual Partnership Corporation LLC

2. VEHICLE INFORMATION

Garage Location(s):		
DO YOU REQUIRE FILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOT#	MC#
HISTORICAL VEHICLE COUNT:	CURRENT YEAR VEHICLE COUNT:	
1 st YEAR PRIOR:	2 nd YEAR PRIOR:	
3 rd YEAR PRIOR:	4 th YEAR PRIOR:	
RADIUS OF OPERATION: <input type="checkbox"/> %<50 MILES <input type="checkbox"/> %50-200 MILES <input type="checkbox"/> %200 MILES+		
ARE VEHICLES EQUIPPED WITH ANY OF THE FOLLOWING: <input type="checkbox"/> GPS <input type="checkbox"/> CAMERAS <input type="checkbox"/> TELEMATICS		
DO YOU HAVE A REGULAR, SCHEDULED MAINTENANCE PROGRAM FOR ALL VEHICLES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE:	

3. DRIVER MANAGEMENT

ARE THERE ANY DRIVERS WHO DO NOT HAVE 2 OR MORE YEARS OF EXPERIENCE DRIVING THE VEHICLE THEY WILL BE ASSIGNED TO? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU CHECK MVR'S FOR ALL NEW DRIVERS PRIOR TO HIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ENROLLED IN THE CHP "PULL PROGRAM" OR SIMILAR MVR REVIEW PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU ALLOW ANY PERSONAL USE OF AUTOS, OTHER THAN PRIVATE PASSENGER AUTOS? <input type="checkbox"/> YES <input type="checkbox"/> NO

3. DRIVER MANAGEMENT (continued)

ARE ANY CHILDREN OF EMPLOYED DRIVERS ALLOWED TO OPERATE A COMPANY VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU ALLOW EMPLOYEES TO TAKE COMPANY VEHICLES HOME AND PARK THEM OVERNIGHT, OTHER THAN PRIVATE PASSENGER AUTOS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A FORMAL DRUG TESTING PROGRAM FOR YOUR EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO

4. POLICY INFORMATION

IS BLANKET ADDITIONAL INSURANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAUL ANY HAZARDOUS MATERIALS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE MATERIALS AND INDICATE HOW OFTEN:
ARE EXCESS AUTO LIABILITY LIMITS NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT LIMIT:

EXPIRING AUTOMOBILE LIABILITY PREMIUM (PAST 5 YEARS) *PLEASE PROVIDE COPY OF CURRENT AUTO POLICY*

AUTO COVERAGE	YEAR:	YEAR:	YEAR:	YEAR:	YEAR:
CSL EA. ACC. LIMITS					
BI EA. ACC. LIMITS					
BI EA. PER. LIMITS					
PD EA. ACC. LIMITS					
DEDUCTIBLE OR SIR					
TOTAL PREMIUM	\$	\$	\$	\$	\$

VEHICLE TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	0-50 MI	50-200 MI	OVER 300 MI
PRIVATE PASSENGER							
TRUCKS	LIGHT <10,000 lbs						
	MEDIUM 10,001-20,000 lbs						
	HEAVY 20,001-45,000 lbs						
	EX. HEAVY >45,000 lbs						
TRACTORS	HEAVY Up to 45,000 lbs						
	EX. HEAVY >45,000 lbs						



Auto Supplemental Application

ADDITIONAL UNDERWRITING INFORMATION NEEDED

- Completed Accord 125, 127, and 137 application
- Five years loss runs, valued within 90 days of expiration
- List of drivers in Microsoft Excel, including state of license, license number, date of birth
- List of vehicles in Microsoft Excel, including year, make, model, vin, state of registration, GVW/class code, registrant name

This application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNINGS AND ATTESTATION:

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW JERSEY:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

I/We hereby declare that the above statements and are true, and I/We agree that this application shall be the basis of the contract with the insurance company.

PLEASE SIGN BELOW:

APPLICANT SIGNATURE (MUST BE SIGNED BY ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER) DATE

PRODUCER SIGNATURE DATE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.