

**COMMERCIAL AUTO INSURANCE'S APPLICATION**

Date: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_

**COMPANY'S INFORMATION**

Legal Business' Name: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

Entity Type: Sole Proprietorship \_\_\_ LLC \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Other: \_\_\_\_\_

Employer Identification Number (EIN) or Tax Payer Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Year Business started: \_\_\_\_\_ Owner's Years of Experience: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

If transportation, describe what is being transported: \_\_\_\_\_

Are any auto used for delivery purposes? \_\_\_\_\_ If so, explain: \_\_\_\_\_

**FINANCIAL RESPONSIBILITY**

President/CEO/Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Bankruptcy within the last 7 years? \_\_\_\_\_

**VEHICLES INFORMATION**

**Vehicle 1**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Type: \_\_\_\_\_

VIN #: \_\_\_\_\_

Vehicle Weight: \_\_\_\_\_

Est. Value: \_\_\_\_\_

Garaging Zip: \_\_\_\_\_

Operating Radius: \_\_\_\_\_

**Vehicle 2**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Type: \_\_\_\_\_

VIN #: \_\_\_\_\_

Vehicle Weight: \_\_\_\_\_

Est. Value: \_\_\_\_\_

Garaging Zip: \_\_\_\_\_

Operating Radius: \_\_\_\_\_

**Vehicle 3**

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Type: \_\_\_\_\_

VIN #: \_\_\_\_\_

Vehicle Weight: \_\_\_\_\_

Est. Value: \_\_\_\_\_

Garaging Zip: \_\_\_\_\_

Operating Radius: \_\_\_\_\_

**DRIVERS INFORMATION**

	<b>Driver 1</b>	<b>Driver 2</b>	<b>Driver 3</b>	<b>Driver 4.</b>
<b>Name:</b>	_____	_____	_____	_____
<b>Birth Date:</b>	_____	_____	_____	_____
<b>License Number:</b>	_____	_____	_____	_____
<b>Licensed State:</b>	_____	_____	_____	_____
<b>CDL Licensed Year:</b>	_____	_____	_____	_____

List all Violation and Accidents within the past 5 years for the above drivers

Driver	Violation/Accident	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FILINGS (check all that apply)**

Federal \_\_\_\_\_ MCS90 \_\_\_\_\_ Federal Cargo (BMC 34) \_\_\_\_\_

State \_\_\_\_\_, if so how many filings \_\_\_\_\_ State cargo (Form H) \_\_\_\_\_, if so how may filings \_\_\_\_\_

Others: \_\_\_\_\_

**COVERAGE INFORMATION**

Non-Truck Liability (Bob-Tail Coverage ) \_\_\_\_\_ or Bodily Injury and Property Damage Liability \_\_\_\_\_

Liability Amount: \$1,000,000 \_\_\_\_\_ \$750,000 \_\_\_\_\_ \$500,000 \_\_\_\_\_ \$300,000 \_\_\_\_\_ Other: \_\_\_\_\_

Cargo Insurance: \_\_\_\_\_

Select the desired coverage below:

Comprehensive: \_\_\_\_\_ or Fire and Theft w/ CAC: \_\_\_\_\_ Deductible Amount: \$ 1,000 \_\_\_\_\_ \$750 \_\_\_\_\_ \$500 \_\_\_\_\_ Other: \_\_\_\_\_

Collision: \_\_\_\_\_ Deductible Amount: \$ 1,000 \_\_\_\_\_ \$750 \_\_\_\_\_ \$500 \_\_\_\_\_ Other: \_\_\_\_\_

Rental Reimbursement: \_\_\_\_\_ or Down time / Rental: \_\_\_\_\_

If possible provide us with the declaration page of your current auto insurance so we can quote the same coverage and the information for all lien holders, if any.

What's your current insurance premium? \$ \_\_\_\_\_ Every Six Months \_\_\_\_\_ Annual \_\_\_\_\_

Sent/Referred by: \_\_\_\_\_ send quote to: \_\_\_\_\_  
Print name and number (Fax # or E-mail)