

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

**Producer Info**

 Agency Name: \_\_\_\_\_ Producer Number: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_ Agent Phone Number: \_\_\_\_\_  
 Agent Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 How long has this agency controlled the account for this business? \_\_\_\_\_

**Insured/Business Info**

 Name of Applicant: \_\_\_\_\_ MC#/DOT#: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Website: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Garaging Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Applicant is: Individual Corporation LLC Partnership Other: \_\_\_\_\_  
 FEIN/Social Security Number: \_\_\_\_\_

If business is a corporation, list principals below.

Title	Mailing Address	Involved in daily operations?
CEO		
President		
Vice President		
Other:		

How many total employees in the business? \_\_\_\_\_

How long has this operation been in business? \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Is applicant under contract to haul for a single firm? Yes No

Have you had any insurance canceled, declined or non-renewed in the last 3 years? Yes No

If yes, please explain: \_\_\_\_\_

Does applicant have a General Liability policy? Yes No

Has applicant ever filed bankruptcy? Yes No

If yes, please explain: \_\_\_\_\_

Do you require additional insured or intermodal endorsements? If yes, please attach a list. Yes No

How many waivers of subrogation? \_\_\_\_\_

Does applicant have another inforce commercial lines policy? Yes No

Is applicant out of compliance with any regulations subject to the Federal Motor Carrier Safety Regulation and/or the Motor Carrier Safety Regulation of the state in which vehicles are principally garaged? Yes No

**Limit and Coverages Requested**

CSL	\$ _____	Uninsured Motorist BI/CSL	\$ _____
Bodily Injury	\$ _____	Uninsured Motorist PD	\$ _____

Property Damage	\$ _____	Rental Reimbursement	\$ _____
Medical Payments	\$ _____	Road Side Assistance	\$ _____
Personal Injury (PIP)	\$ _____	Hire Auto	\$ _____
Comprehensive	\$ _____	Non-owned	\$ _____
Collision	\$ _____	Broadended Endorsement	\$ _____

**Driver Information**

Driver's Name	Date of Birth	Gender (M or F)	Marital Status	Driver's License Number	DL State	Years CDL	Driver Status	List Past 3 Years Traffic Violations & Accidents

Are any vehicles used by family members? Yes      No

Is there personal use of vehicles? Yes      No

Do you allow passengers? Yes      No

Are all drivers covered by Workers' Compensation insurance? Yes      No

**Mileage Information**

Radius of operations:      Intrastate Only                      Interstate

0 - 100 miles \_\_\_\_\_%      100 - 300 miles \_\_\_\_\_%      300 - 500 miles \_\_\_\_\_%      Over 500 miles \_\_\_\_\_%

Does applicant operate over a regular route? Yes      No

**Vehicle Information\***

Is any vehicle a tractor trailer? Yes      No

Does applicant transport hazardous materials? Yes      No

Do any units have special equipment, cusotmizations or alterations? Yes      No

If yes describe: \_\_\_\_\_

If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? \_\_\_\_\_

<b>Vehicle Number:</b> _____	<b>Model Year:</b> _____	<b>VIN:</b> _____
Make/Model/Type of Vehicle: _____		
Current vehicle value \$ _____	Value of perm attached equip: \$ _____	
Manufacturer seating capacity: _____	Radius: _____	Farthest city: _____
Garaging city, state, zip code: _____		
License plate number: _____	License state: _____	
GVW/GCW: _____	Class.: _____	
Deductibles:              COMP _____	SCOL _____	COLL _____
Commercial              Retail	Service	Lease vehicle?      Yes      No
Anti-lock brakes?      Yes      No	Air bag?      Yes      No	Anti-theft?      Yes      No
Loss payee/additional insured/lessor: _____		
If limousine, name of coach builder: _____		Length: _____

**Vehicle Number:** \_\_\_\_\_ **Model Year:** \_\_\_\_\_ **VIN:** \_\_\_\_\_  
 Make/Model/Type of Vehicle: \_\_\_\_\_  
 Current vehicle value \$ \_\_\_\_\_ Value of perm attached equip: \$ \_\_\_\_\_  
 Manufacturer seating capacity: \_\_\_\_\_ Radius: \_\_\_\_\_ Farthest city: \_\_\_\_\_  
 Garaging city, state, zip code: \_\_\_\_\_  
 License plate number: \_\_\_\_\_ License state: \_\_\_\_\_  
 GVW/GCW: \_\_\_\_\_ Class.: \_\_\_\_\_  
 Deductibles: COMP \_\_\_\_\_ SCOL \_\_\_\_\_ COLL \_\_\_\_\_  
                     Commercial                      Retail                      Service  
 Anti-lock brakes?    Yes      No      Air bag?    Yes      No      Anti-theft?    Yes      No  
 Loss payee/additional insured/lessor: \_\_\_\_\_  
 If limousine, name of coach builder: \_\_\_\_\_ Length: \_\_\_\_\_

**Vehicle Number:** \_\_\_\_\_ **Model Year:** \_\_\_\_\_ **VIN:** \_\_\_\_\_  
 Make/Model/Type of Vehicle: \_\_\_\_\_  
 Current vehicle value \$ \_\_\_\_\_ Value of perm attached equip: \$ \_\_\_\_\_  
 Manufacturer seating capacity: \_\_\_\_\_ Radius: \_\_\_\_\_ Farthest city: \_\_\_\_\_  
 Garaging city, state, zip code: \_\_\_\_\_  
 License plate number: \_\_\_\_\_ License state: \_\_\_\_\_  
 GVW/GCW: \_\_\_\_\_ Class.: \_\_\_\_\_  
 Deductibles: COMP \_\_\_\_\_ SCOL \_\_\_\_\_ COLL \_\_\_\_\_  
                     Commercial                      Retail                      Service  
 Anti-lock brakes?    Yes      No      Air bag?    Yes      No      Anti-theft?    Yes      No  
 Loss payee/additional insured/lessor: \_\_\_\_\_  
 If limousine, name of coach builder: \_\_\_\_\_ Length: \_\_\_\_\_

*\*If need to add vehicles, please list on separate sheet of paper and attach.*

**Prior Coverage Informaiton**

Coverage Year	Carrier	Policy Number	Loss Reserves	# of Units	Deductible	Liability Premium	Physical Damage Premium	Frequency	Valuation Date
Current									

**Loss Experience Summary**

Date of Loss	Amount Paid	Reserve	Description & Current Status