

AUTOMOBILE

Limits:

Liability: _____
PIP: _____
UM/UIM: _____
Medical: _____
Hired/Non-Owned: _____
Medical Expense: _____
Comprehensive: _____
Collision: _____

Blanket Waiver of Subrogation? Yes No
Specific Waiver? Yes No How many: _____
Blanket Additional Insured? Yes No
Specific AI? Yes No How many: _____
Cost of Hire? _____ If Any Basis? Yes No
Number of Employees: _____
Specified Cause of Loss: _____
Hired Physical Damage: Yes No

Garage Location(s): _____

With the exception of any encumbrances, are any vehicles for which insurance is requested not solely owned by and registered to the applicant? Yes No
Do over 50% of the employees use their autos in the business? Yes No
Is there a vehicle maintenance program in operation? Yes No
Are any vehicles leased to or from others? Yes No
Are ICC (Interstate Commerce Commission), PUC (Public Utility Commission) or other filings required? Yes No

If yes, filing numbers: _____

Do operations involve transporting hazardous material? Yes No
Any hold harmless agreements? Yes No
Any vehicles used by family members? Yes No
Does the applicant obtain MVR (motor vehicle record) verifications? Yes No
Does the applicant have a specific driver recruiting method? Yes No
Are any drivers not covered by workers compensation? Yes No
Any vehicles owned but not scheduled on this application? Yes No
Any drivers with convictions for moving traffic violations? Yes No
Are all vehicles to be included in this policy part of a fleet? Yes No
Do you have electronic monitoring devices that record and transmit data in any of your vehicles? Yes No

If yes, check all that apply:

Monitor Driver Safety Track Fuel Monitor Vehicle Maintenance Mileage Tracking
 Location Tracking Navigation

Are any officers, partners or employees furnished an auto for their personal use? Yes No
Do individuals with an auto furnished to them purchase automobile insurance on personally owned autos? Yes No
Do any owned autos tow special equipment such as air compressors or concrete mixers? Yes No
Are any autos used in parades or other events? Yes No
Are any autos laid up for more than 30 consecutive days or more due to seasonal operations? Yes No
Are any autos with special equipment? (If yes, advised on auto schedule along with amount) Yes No
Does the applicant lease or rent vehicles with operators to others? Yes No
Does the applicant lease or rent vehicles without operators to others? Yes No
Does the applicant travel to Canada or Mexico? Yes No
Do vehicles have theft alarms? Yes No
Are any vehicles wrap painted? Yes No
Are there any loss payees? Yes No
Are there any autos not titled in the company name? Yes No

Veh #	Year	Make/Model	VIN	Use	Dist.	Comp Coll	Cost New	S*	GVW
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Use: (C) Commercial (S) Service (R) Retail (P) Pleasure (F) For Hire (U) Farm (S*) Stated Amount
Distance: (L) Local (0-50 miles) (I) Intermediate (51-200 Miles) (L) Long Distance (201+ Miles)

Driver #	Name	Gender	Date of Birth	License #	State
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					