

COMMERCIAL AUTO APPLICATION

DATE: _____ INSURED NAME: _____

CONTACT: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

VEHICLE INFORMATION

YEAR	MAKE	MODEL	COST NEW	VIN#	COVERAGE
					FULL <input type="checkbox"/> LIAB ONLY <input type="checkbox"/>
					FULL <input type="checkbox"/> LIAB ONLY <input type="checkbox"/>
					FULL <input type="checkbox"/> LIAB ONLY <input type="checkbox"/>
					FULL <input type="checkbox"/> LIAB ONLY <input type="checkbox"/>
					FULL <input type="checkbox"/> LIAB ONLY <input type="checkbox"/>

COVERAGE INFORMATION

LIABILITY LIMITS

\$1,000,000

PIP

STANDARD INCREASED

COMPREHENSIVE DED

\$500 \$1000

TOWING

YES

HIRED PHYSICAL DAMAGE

YES

UM

EQUAL INCREASED

MED PAY

\$5,000 OTHER: _____

COLLISION DEDUCTIBLE

\$500 \$1000

RENTAL REIMBURSEMENT 30/30

YES

UIM

EQUAL INCREASED

HIRED/NOA

YES

DRIVER INFORMATION

DRIVER	DATE OF BIRTH	DL#	STATE	MVR
				ORDERED <input type="checkbox"/> ON FILE <input type="checkbox"/>
				ORDERED <input type="checkbox"/> ON FILE <input type="checkbox"/>
				ORDERED <input type="checkbox"/> ON FILE <input type="checkbox"/>
				ORDERED <input type="checkbox"/> ON FILE <input type="checkbox"/>

LOSS INFORMATION

DATE OF LOSS	AMOUNT PAID	DESCRIPTION OF CLAM	AT FAULT
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

UNDERWRITING

ARE VEHICLES LICENSED TO THE BUSINESS? YES NO (if no please explain)

PERCENTAGE OF PERSONAL USE: _____ RADIUS: _____

ARE DRIVERS COVERED BY WC YES NO

ANY MOVING VIOLATIONS YES NO (If yes please describe)

CURRENT CARRIER: _____ ANNUAL PREMIUM: _____