



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 801-304-5515

Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 312-408-8081

COMMERCIAL AUTO

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

- Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No
- Completed Claims and Loss History form attached (REQUIRED)? Yes No
- Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Limit of Liability:

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

3. Vehicles and Equipment

Please complete the following questions only as it pertains to the business vehicles and equipment associated with your operation. Auto coverage is only available to Applicants if Business Operations Liability coverage is provided. No private passenger or non-business use of insured vehicle coverage is available. Only scheduled vehicles used for business purposes, which are driven by specifically Named Insured Operators, will be quoted liability coverage.

Current Business Liability Coverage Contract Number # _____

- Please describe all vehicles and equipment to be quoted for liability insurance on the attached Vehicle Schedule.
- If coverage for individual drivers is to be granted, please complete the attached Driver Schedule with the full name, date of birth, driver's license number, and state of issue.
- Are all vehicles and equipment solely owned by and registered to the Applicant? Yes No
- If No, explain: _____
- Do any of the employees use their own autos in the business? Yes No
- If Yes, explain: _____
- Is there a vehicle and equipment maintenance program in operation? Yes No
- Are any vehicles or equipment leased to others? Yes No
- Do any vehicles or equipment have customized, altered or special equipment? Yes No
- Does insured obtain motor vehicle report verifications on all drivers? Yes No

11. Does Applicant have a specific driver-recruiting program? Yes No
12. Are any ICC, PUC, or other certificate filings required? Yes No

If yes, please fill out the Request for Motor Carrier Insurance Filings form.

13. Are all vehicles returned and garaged at the business each night? Yes No

If no, list vehicle(s) not returned. State purpose of use if not returned and garaged at business location:

VEHICLE	PURPOSE OF USE
_____	_____
_____	_____
_____	_____

14. Does Applicant own or operate any buses, vehicles, or equipment not listed on the schedule? Yes No

15. Does Applicant rent or lease vehicles or equipment to others? Yes No

16. If you answered "Yes" to any questions numbered from 5 through 13, please explain by number (use separate sheet if necessary): _____

17. How many days a week is each vehicle or equipment listed on schedule used? Show by order listed on the schedule.

#1 _____ #2 _____ #3 _____ #4 _____ #5 _____

18. How many trips each day are vehicles driven? Show by order listed on schedule.

#1 _____ #2 _____ #3 _____ #4 _____ #5 _____

19. Months during year which vehicles are used: from _____ to _____

20. Maximum distance traveled one way by each vehicle? Show by order listed on schedule.

#1 _____ #2 _____ #3 _____ #4 _____ #5 _____

21. Maximum radius of operations of each vehicle? Show by order listed on schedule.

#1 _____ #2 _____ #3 _____ #4 _____ #5 _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event

coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 801-304-5515

Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 312-408-8081

DRIVER SCHEUDLE

Insured/Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ If Insured, Policy/Certificate #: _____

E-Mail: _____ Business Phone Number: () _____ Fax: () _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

For each driver, complete the following and attach a copy of the driver's MVR and license.

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	MARITAL STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	USE VEHICLE #	% USE

Don't forget to attach a copy of the MVR and driver's license for each driver!

Note: Endorsements must be paid for in full within five days of request. If payment is not received, driver(s) will be excluded from the policy.



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 801-304-5515

Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 312-408-8081

VEHICLE SCHEDULE

Insured/Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Business Telephone Number: () _____

Fax: () _____ E-Mail: _____

Medallion Number: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW / GCW		Radius	
City, State, Zip where Garaged		Seating Capacity		Cash Value	
				Cargo/On-Hook	

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW / GCW		Radius	
City, State, Zip where Garaged		Seating Capacity		Cash Value	
				Cargo/On-Hook	

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW / GCW		Radius	
City, State, Zip where Garaged		Seating Capacity		Cash Value	
				Cargo/On-Hook	

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW / GCW		Radius	
City, State, Zip where Garaged		Seating Capacity		Cash Value	
				Cargo/On-Hook	