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 quotes@primeis.com

COMMERCIAL AUTO APPLICATION

1. General Information

Proposed effective date: _____

A. Business name: _____

Applicant's name: _____

B. Business mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ County: _____

Business telephone number: _____ Fax: _____

C. Physical location of business (if different): _____

Physical address: _____

City: _____ State: _____ Zip: _____

Physical address: _____

City: _____ State: _____ Zip: _____

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

E. Does the applicant or its owners, officers or employees have any ownership interest in any other business entity that engages in commercial auto operations? Yes No

If yes, please provide details: _____

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

G. Applicant is: Individual Corporation Partnership Joint Venture Other: _____

H. What year was the business established? _____

I. Please list the business owners and decision makers involved in the business:

Name	Position/Title	Contact Number (please include cell #)	E-mail Address

J. Please list any trusted advisors of the business, this can include industry advisors or legal advisors: _____

2. Insurance History

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

Provide names for all insurance companies that have provided applicant insurance for the last three years:

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

B. Has the applicant or any predecessor ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or wrongful act which might give rise to a claim covered by this policy, prior to the inception of this policy? Yes No

If yes, please explain: _____

C. Has the applicant, or anyone on the applicant's behalf, attempted to place this risk in standard markets? Yes No

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

3. Other Insurance

A. Please provide the following information for all other business-related insurance the applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

4. Desired Insurance

A. Per Person/Per Act/Property Damage Single Limit

<input type="checkbox"/>	\$15,000/\$30,000/\$5,000	<input type="checkbox"/>	\$100,000/\$300,000/\$50,000	<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$25,000/\$50,000/\$10,000	<input type="checkbox"/>	\$250,000/\$500,000/\$100,000	<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$50,000/\$100,000/\$25,000	<input type="checkbox"/>	\$250,000/\$1,000,000/\$100,000	<input type="checkbox"/>	\$1,000,000
<input type="checkbox"/>	\$100,000/\$250,000/\$100,000	<input type="checkbox"/>	Other _____/_____/_____	<input type="checkbox"/>	\$5,000,000

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

Uninsured/Underinsured Motorists: Yes No Statutory Limits \$ _____

Personal Injury Protection (PIP) – no fault- Yes No Statutory Limits \$ _____

Physical Damage Coverage: (please pick one of the 2 options)

- Specified Perils Comprehensive* Collision

**Comprehensive may not be available in all markets*

Physical Damage Deductible: \$1,000 \$2,500 \$5,000 Other: \$ _____

5. BUSINESS OPERATIONS

Operational

- A. Type of business in which vehicles are used? Retail/Wholesale delivery Service Vehicle Contractor
 Catering Waste/Garbage Carrier Other _____
- B. Annual Gross Receipts _____
- C. Radius of operations (show percentage of total miles driven):
 0–50 miles: _____% 51–100 miles: _____% 101–200 miles: _____% 201+ miles: _____%
- D. Do you operate in more than one state? Yes No
 If yes, what are the other states? _____

- E. Are there any vehicles owned by others that operate under your business? Yes No
 If yes, explain and identify the number and percentage of those so operated: _____

- F. Are your vehicles registered and plated in the primary location? Yes No
 if no, please explain _____
- G. Are your vehicles under the International Registration Plan (IRP) Yes No
- H. Do you perform your own auto mechanical repair and maintenance service for all owned autos?
 Yes (provide address, phone, fax, e-mail, and name of manager) _____
 No (provide name of company (or companies) you have contracted to provide repair and maintenance for all owned autos) _____
- I. Are your vehicles equipped with any telematics such as GPS, cameras, etc.? Yes No
 If yes, please provide more details _____
- J. Do you track mileage? Yes No
 If yes, what method do you use _____
- Total Annual miles _____

TYPE OF EQUIPMENT	# OWNED	# OWNER/OPERATORS	TOTAL # OF UNITS
Tractors			
Heavy Trucks			
Medium Trucks			
Light Trucks/Vans			
Other: _____			
Trailers			

Filings/Requirements

- A. Does the insured have any contract requirements? (If yes, please attach a copy) Yes No
- B. Does the insured have any Additional Insureds, Waiver of Subrogation, or Primary Noncontributory requirements? If yes, please provide a schedule outlining what is needed per certificate Yes No
- C. Do you have Interstate Commerce Commission (ICC) authority? Yes No
If yes, what is the ICC Docket Number? _____
- D. List states in which you have operating authority: _____
 Form E Form H Other: _____
- E. **US DOT #** _____ **MC #** _____
- F. Do you operate under anyone else's permit or authority? Yes No
If yes, explain: _____

Risk Management

- A. Does your company have a position whose job description provides risk management or loss control, performs safety inspections, or engineering services? Yes No
If yes, please provide:
Employee name: _____ Years with company: # _____
E-mail: _____ Business telephone: _____
Employee's specific responsibilities: _____

- B. Describe your company's maintenance and inspection program that qualify your vehicles to be used for the services provided. A copy of your formal inspection and maintenance written procedure manual would be helpful. _____

- C. Describe safety procedures in detail. If you have written policies and procedures, or an employee manual, please include a copy. _____

- D. Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

- E. Do you have a written policy and procedure for handling customer complaints? Yes No
If no, would you affect one and educate all company drivers of the company's program? Yes No
- F. Does the company have a fenced yard for auto storage? Yes No
- G. Provide names and addresses of regulatory authorities requiring filings. Please include your filing number. Submit a copy of the current filings issued. If not issued, provide a copy of the application to be submitted. _____

Drivers

A. Describe your hiring standards for drivers, please include a copy. _____

- B. Are drivers required to complete a signed and dated inspection report form, identifying the condition of the auto at the end of each shift during a 24-hour period? Yes No
If yes, please provide a sample of the form used.
If no, would you be willing to affect such a program? Yes No
- C. Does the company check references on driver applications? Yes No
If no, would the company affect such a procedure as a provision to obtain the insurance? Yes No

If additional space is needed to adequately answer any of the above questions, answer on a separate sheet of paper or on the back of this application. Please number your answer to correspond with the question.

DRIVER SCHEDULE

An electronic list is mandatory for lists that exceed five drivers. Driver information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

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)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

Violations/accidents/claims: _____

Driver # _____ Driver name: _____

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

Home phone: _____ Cell phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

Violations/accidents/claims: _____

Driver # _____ Driver name: _____

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Home phone: _____ Cell phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

Violations/accidents/claims: _____

Driver # _____ Driver name: _____

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

Home phone: _____ Cell phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

Violations/accidents/claims: _____

Driver # _____ Driver name: _____

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

Home phone: _____ Cell phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED	CDL (YEARS)

Violations/accidents/claims: _____

If any driver(s) should be specifically excluded from the policy, please attach a separate list.

Vehicle Schedule

An electronic list is mandatory for lists that exceed five vehicles. Vehicle information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

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	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

Vehicle #	VIN					
	Year		Make		Model	
	Type		License state		Radius	
	Actual Cash Value			GVW/GCW		
	On Hook			Cargo		
	Garaging location					

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.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature Signature

Print Name Print Name