

## Commercial Automobile Insurance Application

### COMPANY INFORMATION

Full Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Entity Type:     Individual     Partnership     Corporation     LLC     Other

Do you currently have Commercial Automobile coverage?     Yes     No

If Yes to above, Current Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had any claims in the last 5 years?  Yes     No                      If Yes, how many claims? \_\_\_\_\_

What does your company do? \_\_\_\_\_

### AUTOMOBILE LIABILITY LIMITS

All quotes come with standard \$1,000,000 in liability limits. Do you require higher limits?     Yes     No

If yes, what higher liability limits do you require? \_\_\_\_\_

What size Comp & Collision Deductible would you like?:     \$500     \$1000     \$2000

**Please indicate what other optional coverages you need:**

Uninsured / Underinsured motorist coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Payment to Others / Personal Injury Protection (PIP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hired Auto Physical Damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hired Auto Liability (rental cars)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-Owned Liability (employee owned & driven cars)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Estimated Cost of Hire    \$ \_\_\_\_\_

# of Employees    \_\_\_\_\_

### AUTOMOBILE INFORMATION

Year	Make	Model	VIN#	Garaging City/Zip	Cost New	Type of Coverage	
						<input type="checkbox"/> Full Coverage	<input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage	<input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage	<input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage	<input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage	<input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage	<input type="checkbox"/> Liability Only
						<input type="checkbox"/> Full Coverage	<input type="checkbox"/> Liability Only

Are all vehicles either titled to the named insured, or under a formal lease agreement with the named insured?     Yes     No

### DRIVERS INFORMATION

Name	Driver's License #	State	Date of Birth