

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	Yes	No
Medical Payment to Others / Personal Injury Protection (PIP)	Yes	No
Hired Auto Physical Damage	Yes	No
Hired Auto Liability (rental cars)	Yes	No
Non-Owned Liability (employee owned & driven cars)	Yes	No

Estimated Cost of Hire \$ _____

of Employees _____

AUTOMOBILE INFORMATION

Year	Make	Model	VIN#	Garaging City/Zip	Cost New	Type of Coverage	
						Full Coverage	Liability Only
						Full Coverage	Liability Only
						Full Coverage	Liability Only
						Full Coverage	Liability Only
						Full Coverage	Liability Only
						Full Coverage	Liability Only
						Full Coverage	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