



BUSINESS AUTO FLEET SUPPLEMENTAL APPLICATION

Referring Association:

(REQUIRED INFORMATION)

Business Name:

Contact:

Applicant:

Business Number:

Mailing Address:

Cellular Number:

City:

Fax Number:

State and Zip Code:

Email:

Website:

Premium:

Desired Policy Effective Date:

Organization Type:

Individual

Partnership

Corporation

LLC

SUBMISSION REQUIREMENTS

- 3 – 5 Years documented loss history
- Complete VIN's on all power units
- Proof of financial stability
- Completed application and current fleet list
- Complete drivers list required at policy issuance
- All drivers must have acceptable MVRs

SECTION I – GARAGING INFORMATION

Garaging Street Address:

City:

County:

State:

Zip:

Is this location secured?

Yes

No

Describe:

* If more than one, please put in note field.

SECTION II – SAFETY MANAGEMENT

- | | | | |
|----|---|-----------|----|
| 1. | Written Safety Program that is implemented and enforced at your company? | Yes | No |
| 2. | Safety meetings are held? Weekly Monthly | Quarterly | |
| 3. | Written Driver Training Program? | Yes | No |
| 4. | Is there a written vehicle take-home policy? | Yes | No |
| 5. | Do you have a drug-testing program in place? | Yes | No |
| 6. | If you answered NO to any of the above questions, if requested, would management implement a program designed to assist with that item the first 30 days of the effective date of this insurance? | Yes | No |
- Owners Initials:

SECTION III – DRIVER MANAGEMENT

- | | | | |
|----|---|-----|----|
| 1. | Pre-hire Screening: | Yes | No |
| 2. | Obtain a Motor Vehicle Record Report (MVR) on each driver prior to hiring? | Yes | No |
| 3. | Check ALL prior job references a driver provides prior to hiring? | Yes | No |
| 4. | Road test ALL drivers prior to hiring? | Yes | No |
| 5. | Order MVR's on ALL company drivers at least on an Annual basis? | Yes | No |

6. What driver training do you provide for your employees?
7. Do you require your employees to take outside training courses? Yes No
If yes, what courses do they take?

SECTION IV – GENERAL OPERATIONS

1. Lease vehicles from other individuals or companies? Yes No
2. Lease vehicles to other individuals or companies? Yes No
3. Are all vehicles titled under the business name? Yes No
4. Have any additional vehicles owned or leased by your company NOT on this schedule? Yes No
5. Are employees required to complete incident reports? Yes No
6. What percentage of your driving is within: 50 Miles % 51-100 Miles %
7. Do you operate any dump trucks or trailers? Yes No
8. Do you operate any trucks or trailers which have cranes or booms attached? Yes No

SECTION V - MAINTENANCE

1. Do you maintain maintenance logs on each vehicle? Yes No
2. Do you provide the routine maintenance on your equipment? Yes No
4. If you do not perform maintenance who does?
4. Are they Professionally Certified as Mechanics? Yes No
5. Are your drivers in any way responsible for the cost of the maintenance of your equipment? Yes No
6. Do your drivers perform daily maintenance checks on ALL vehicles? Yes No

SECTION VI – COVERAGE

Coverage	Limits			
Business Liability	Symbol 7	\$300,000	\$500,000	\$1,000,000
Under / Uninsured Motorist Liability	Symbol 7	\$300,000	\$500,000	\$1,000,000
Medical Payments	Symbol 7	\$5,000		
Personal Injury Protection	Symbol 5	\$10,000	\$25,000	\$35,000
Comprehensive – Scheduled per Auto	Symbol 7		\$1,000	\$2,500
Collision – Scheduled per Auto	Symbol 7		\$1,000	\$2,500
Hired and Non-Owned Auto	Symbol 8,9	\$300,000	\$500,000	\$1,000,000

SECTION VII – PRIOR INSURANCE INFORMATION

Company	Policy Dates	Premium	Losses (describe below)*

* Description of Losses:

1. Has any insurance carrier cancelled or declined to renew your coverage? Yes No
If yes, why?

2. Prior claims or pending claims within the last three years? Yes No
If yes, please explain with dates, amount and description. Please attach your company loss reports, which can be obtained by your agent.

Date of Loss	Total Amount	Coverage Type	Driver	Date of Loss	Total Amount	Coverage Type	Driver
	\$				\$		
	\$				\$		
	\$				\$		
	\$				\$		

NOTES:

SECTION VIII – VEHICLE SCHEDULE

* print additional pages if required

#:	Year:	Make:	Model:	GVWR:	Radius:
Garage Location:				VIN:	
Value: Cost New \$	or Stated Value \$		Personal Use?	Yes	No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000	\$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:		

#:	Year:	Make:	Model:	GVWR:	Radius:
Garage Location:				VIN:	
Value: Cost New \$	or Stated Value \$		Personal Use?	Yes	No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000	\$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:		

#:	Year:	Make:	Model:	GVWR:	Radius:
Garage Location:				VIN:	
Value: Cost New \$	or Stated Value \$		Personal Use?	Yes	No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000	\$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:		

#:	Year:	Make:	Model:	GVWR:	Radius:
Garage Location:				VIN:	
Value: Cost New \$	or Stated Value \$		Personal Use?	Yes	No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000	\$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:		

#:	Year:	Make:	Model:	GVWR:	Radius:
Garage Location:				VIN:	
Value: Cost New \$	or Stated Value \$		Personal Use?	Yes	No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000	\$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:		

#:	Year:	Make:	Model:	GVWR:	Radius:
Garage Location:				VIN:	
Value: Cost New \$	or Stated Value \$		Personal Use?	Yes	No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000	\$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:		

#:	Year:	Make:	Model:	GVWR:	Radius:
Garage Location:				VIN:	
Value: Cost New \$	or Stated Value \$		Personal Use?	Yes	No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000	\$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:		

#:	Year:	Make:	Model:	GVWR:	Radius:
Garage Location:				VIN:	
Value: Cost New \$	or Stated Value \$		Personal Use?	Yes	No
Comprehensive Coverage:	\$1,000	\$2,500	Collision Coverage:	\$1,000	\$2,500
Loss Payee	Additional Insured – Leased Auto		Assigned Driver:		

SECTION IX – LIEN HOLDER SCHEDULE

* Print additional pages if required

Loss Payee Entity Name: Address: Phone: ()	Additional Insured City: Fax: ()	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone: ()	Additional Insured City: Fax: ()	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone: ()	Additional Insured City: Fax: ()	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone: ()	Additional Insured City: Fax: ()	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone: ()	Additional Insured City: Fax: ()	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone: ()	Additional Insured City: Fax: ()	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone: ()	Additional Insured City: Fax: ()	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone: ()	Additional Insured City: Fax: ()	Vehicle Number for App Schedule: State: Zip: Contact:
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Loss Payee Entity Name: Address: Phone: ()	Additional Insured City: Fax: ()	Vehicle Number for App Schedule: State: Zip: Contact:
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SECTION X – EMPLOYEE LIST

Please include ALL employees employed with Named Insured

No.	Last Name	First Name	Initial	Job Duties	Years Employed	Date of Birth	Years Experience	License Number
1								
2								
3								
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Person Completing Drivers List:

Fraud Notice

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

NOTICE TO MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO NEBRASKA AND OKLAHOMA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO MAINE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Insured Signature : _____ Date:
Agent Signature: _____ Date: