

ACORDTM BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

| | | | | | |
|---------------------|--------------------------|------------------------------------|-------------|--------------|-------|
| AGENCY | PHONE (A/C, No, Ext): | APPLICANT (First Named Insured) | | | |
| | FAX (A/C, No): | | | | |
| EFFECTIVE DATE | | EXPIRATION DATE | DIRECT BILL | PAYMENT PLAN | AUDIT |
| | | | AGENCY BILL | | |
| CODE: | SUB CODE: | FOR COMPANY USE ONLY | | | |
| AGENCY CUSTOMER ID: | | | | | |

COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

DRIVER INFORMATION **ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

| DRIVER # | NAME (Include address, if required) | SEX | MAR STAT | DATE OF BIRTH | YRS EXP | YEAR LIC | DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER | STATE LIC | DATE HIRE | BROADEN NO-FAULT | DOC | USE VEH # | % USE |
|----------|-------------------------------------|-----|----------|---------------|---------|----------|--|-----------|-----------|------------------|-----|-----------|-------|
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GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | YES | NO | EXPLAIN ALL "YES" RESPONSES | YES | NO |
|--|-----|----|---|--------------------------------------|----|
| 1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT? | | | 8. ANY HOLD HARMLESS AGREEMENTS? | | |
| 2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? | | | 9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS. | | |
| 3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? | | | 10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS? | | |
| 4. ARE ANY VEHICLES LEASED TO OTHERS? | | | 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? | | |
| 5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT? | | | 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? | | |
| 6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? | | | 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? | | |
| 7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL? | | | 14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? | | |
| DESCRIPTION OF GARAGE/STORAGE LOCATIONS | | | | 15. HAS AGENT INSPECTED VEHICLES? | |
| | | | | MAXIMUM DOLLAR VALUE SUBJECT TO LOSS | |
| | | | | \$ | |

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |
|---|-------|------------------|--------------|----------------------|-------------------------|
| <input type="checkbox"/> ADDITIONAL INSURED | | | | | VEHICLE: |
| <input type="checkbox"/> LOSS PAYEE | | | | | SCHEDULED ITEM NUMBER: |
| <input type="checkbox"/> LIENHOLDER | | | | | OTHER |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | | | | | |
| <input type="checkbox"/> OWNER | | | | | |
| <input type="checkbox"/> REGISTRANT | | | | | |
| ITEM DESCRIPTION: | | | | | |

REMARKS

VEHICLE DESCRIPTION **ACORD 129 attached for additional vehicles**

| | | | | | | | | | | | | |
|--------------------------------|----------|---------|-----------------|----------------|----------------|-------|---------|------------|-------------|---------------|---------------|-------------|
| VEH # | YEAR | MAKE: | BODY TYPE: | VEHICLE TYPE | | | SYM/AGE | COST NEW | | | | |
| | | MODEL: | V.I.N.: | PP | SPEC | COML | \$ | | | | | |
| CITY, STATE, ZIP WHERE GARAGED | | | LIC STATE | TERR | GVW/GCW | CLASS | SIC | FACTOR | SEAT CP | RADIUS | FARTHEST TERM | |
| DRIVE TO WORK/SCHOOL | USE | COMM'L | CHECK COVERAGES | ADD'L NO-FAULT | UNDRINS MOTOR | F | LSP | RENT REIMB | DEDUCTIBLES | ACV | COMP | SPEC C OF L |
| < 15 MILES | PLEASURE | RETAIL | LIAB | MED PAY | TOWING & LABOR | FT | COMP | FG | AA | ST AMT | \$ | |
| 15 MILES + | FARM | SERVICE | NO-FAULT | UNINS MOTOR | SPEC C OF L | FTW | COLL | | \$ | | \$ | COLL |
| NET VEH DR/CR: | | | | | | | | | | TOTAL PREM \$ | | |
| VEH # | YEAR | MAKE: | BODY TYPE: | VEHICLE TYPE | | | SYM/AGE | COST NEW | | | | |
| | | MODEL: | V.I.N.: | PP | SPEC | COML | \$ | | | | | |
| CITY, STATE, ZIP WHERE GARAGED | | | LIC STATE | TERR | GVW/GCW | CLASS | SIC | FACTOR | SEAT CP | RADIUS | FARTHEST TERM | |
| DRIVE TO WORK/SCHOOL | USE | COMM'L | CHECK COVERAGES | ADD'L NO-FAULT | UNDRINS MOTOR | F | LSP | RENT REIMB | DEDUCTIBLES | ACV | COMP | SPEC C OF L |
| < 15 MILES | PLEASURE | RETAIL | LIAB | MED PAY | TOWING & LABOR | FT | COMP | FG | AA | ST AMT | \$ | |
| 15 MILES + | FARM | SERVICE | NO-FAULT | UNINS MOTOR | SPEC C OF L | FTW | COLL | | \$ | | \$ | COLL |
| NET VEH DR/CR: | | | | | | | | | | TOTAL PREM \$ | | |
| VEH # | YEAR | MAKE: | BODY TYPE: | VEHICLE TYPE | | | SYM/AGE | COST NEW | | | | |
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| NET VEH DR/CR: | | | | | | | | | | TOTAL PREM \$ | | |
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| | | MODEL: | V.I.N.: | PP | SPEC | COML | \$ | | | | | |
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| DRIVE TO WORK/SCHOOL | USE | COMM'L | CHECK COVERAGES | ADD'L NO-FAULT | UNDRINS MOTOR | F | LSP | RENT REIMB | DEDUCTIBLES | ACV | COMP | SPEC C OF L |
| < 15 MILES | PLEASURE | RETAIL | LIAB | MED PAY | TOWING & LABOR | FT | COMP | FG | AA | ST AMT | \$ | |
| 15 MILES + | FARM | SERVICE | NO-FAULT | UNINS MOTOR | SPEC C OF L | FTW | COLL | | \$ | | \$ | COLL |
| NET VEH DR/CR: | | | | | | | | | | TOTAL PREM \$ | | |
| VEH # | YEAR | MAKE: | BODY TYPE: | VEHICLE TYPE | | | SYM/AGE | COST NEW | | | | |
| | | MODEL: | V.I.N.: | PP | SPEC | COML | \$ | | | | | |
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| DRIVE TO WORK/SCHOOL | USE | COMM'L | CHECK COVERAGES | ADD'L NO-FAULT | UNDRINS MOTOR | F | LSP | RENT REIMB | DEDUCTIBLES | ACV | COMP | SPEC C OF L |
| < 15 MILES | PLEASURE | RETAIL | LIAB | MED PAY | TOWING & LABOR | FT | COMP | FG | AA | ST AMT | \$ | |
| 15 MILES + | FARM | SERVICE | NO-FAULT | UNINS MOTOR | SPEC C OF L | FTW | COLL | | \$ | | \$ | COLL |
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| < 15 MILES | PLEASURE | RETAIL | LIAB | MED PAY | TOWING & LABOR | FT | COMP | FG | AA | ST AMT | \$ | |
| 15 MILES + | FARM | SERVICE | NO-FAULT | UNINS MOTOR | SPEC C OF L | FTW | COLL | | \$ | | \$ | COLL |
| NET VEH DR/CR: | | | | | | | | | | TOTAL PREM \$ | | |