COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
	UNDERWRITER:	UNDERWRITER OFFICE:
	POLICIES OR PROGRAM REQUESTED	POLICY NUMBER

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
CODE: SUB CODE:
AGENCY CUSTOMER ID:

INDICATE SECTIONS ATTACHED

☐ ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	☐ ELECTRONIC DATA PROC	☐ TRUCKERS/MOTOR CARRIER
☐ BOILER & MACHINERY	☐ EQUIPMENT FLOATER	☐ UMBRELLA
☐ BUSINESS AUTO	☐ GARAGE AND DEALERS	☐ VEHICLE SCHEDULE
☐ COMMERCIAL GENERAL LIABILITY	☐ GLASS AND SIGN	☐ WORKERS COMPENSATION
☐ CRIME/MISCELLANEOUS CRIME	☐ INSTALLATION/BUILDERS RISK	☐ YACHT
☐ DEALERS	☐ OPEN CARGO	
☐ DRIVER INFO SCHEDULE	☐ PROPERTY	
	☐ TRANSPORTATION/ MOTOR TRUCK CARGO	

STATUS OF TRANSACTION

☐ QUOTE ☐ ISSUE POLICY ☐ RENEW
☐ BOUND (Give Date and/or Attach Copy):
☐ CHANGE DATE TIME ☐ AM
☐ CANCEL ☐ PM

PACKAGE POLICY INFORMATION

ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
		☐ DIRECT BILL		
		☐ AGENCY BILL	PACKAGE POLICY PREMIUM: $	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)

MAILING ADDRESS INCL ZIP+4 (of First Named Insured)

FEIN OR SOC SEC # (of First Named Insured):
PHONE (A/C, No, Ext):
E-MAIL ADDRESS(ES):
WEBSITE ADDRESS(ES):

☐ INDIVIDUAL ☐ CORPORATION ☐ SUBCHAPTER "S" CORPORATION ☐ LLC NO. OF MEMBERS AND MANAGERS
☐ PARTNERSHIP ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG

CR BUREAU NAME:
ID NUMBER:
DATE BUS STARTED

INSPECTION CONTACT:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:

ACCOUNTING RECORDS CONTACT:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:

PREMISES INFORMATION

☐ ACORD 823 attached for additional premises

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
			☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT				
			☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT				
			☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT				
			☐ INSIDE ☐ OUTSIDE	☐ OWNER ☐ TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y/N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	☐
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	☐
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	☐
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	☐
4. ANY CATASTROPHE EXPOSURE?	☐
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	☐
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)	☐
7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	☐
8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	☐
9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	☐
10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?	☐
11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST:	☐
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	☐

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

☐ COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

LINE	CATEGORY									
COMMERCIAL GENERAL LIABILITY	CARRIER									
	POLICY NUMBER									
	POLICY TYPE	☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE		☐ CLAIMS MADE ☐ OCCURRENCE
	RETRO DATE									
	EFF-EXP DATE									
	LIMITS: GENERAL AGGREGATE									
	LIMITS: PRODUCTS COMP OP AGGREGATE									
	LIMITS: PERSONAL & ADV INJ									
	LIMITS: EACH OCCURRENCE									
	LIMITS: FIRE DAMAGE									
	LIMITS: MEDICAL EXPENSE									
	LIMITS: BODILY INJURY OCCURRENCE									
	LIMITS: BODILY INJURY AGGREGATE									
	LIMITS: PROPERTY DAMAGE OCCURRENCE									
	LIMITS: PROPERTY DAMAGE AGGREGATE									
	LIMITS: COMBINED SINGLE LIMIT									
	MODIFICATION FACTOR									
	TOTAL PREMIUM									
AUTOMOBILE LIABILITY	CARRIER									
	POLICY NUMBER									
	POLICY TYPE									
	EFF-EXP DATE									
	COMBINED SINGLE LIMIT									
	BODILY INJURY EA PERSON									
	BODILY INJURY EA ACCIDENT									
	PROPERTY DAMAGE									
	MODIFICATION FACTOR									
	TOTAL PREMIUM									
PROPERTY	CARRIER									
	POLICY NUMBER									
	POLICY TYPE									
	EFF-EXP DATE									
	BUILDING AMT									
	PERS PROP AMT									
	MODIFICATION FACTOR									
	TOTAL PREMIUM									
	CARRIER									
	POLICY NUMBER									
	POLICY TYPE									
	EFF-EXP DATE									
	LIMIT									
	MODIFICATION FACTOR									
	TOTAL PREMIUM									

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) ☐ CHK HERE IF NONE ☐ SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS OPEN	CLAIM STATUS CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

ATTACHMENTS

☐ STATE SUPPLEMENT(S) (If applicable)

☐

AGENCY CUSTOMER ID: _____

COLORADO COMMERCIAL AUTO
COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 2 3 4 7 8 9	CSL / BI EA PER $; BI EACH ACCIDENT $; PROPERTY DAMAGE $
MEDICAL PAYMENTS	2 3 4 7 8	EACH PERSON $
UNINSURED MOTORIST	2 3 4 6 7	CSL / BI EA PER $; BI EACH ACCIDENT $; PROPERTY DAMAGE $
HIRED/BORROWED LIABILITY	YES / NO STATES	COST OF HIRE $ IF ANY BASIS
NON-OWNED LIABILITY	YES / NO STATES	GROUP TYPE: EMPLOYEES, VOLUNTEERS, PARTNERS — NUMBER OF

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
PHYSICAL DAMAGE		
TOWING & LABOR	3 7	$
COMP / OTC	2 3 4 7 8	
SPECIFIED CAUSES OF LOSS	2 3 4 7 8	
COLLISION	2 3 4 7 8	

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
				COMP $; SPEC C OF L $; COLL $
	COVERAGE IS:			PRIMARY / SECONDARY

COVERED AUTO SYMBOLS

(1) ANY AUTO
(2) ALL OWNED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS
(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER
(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE
(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW
(7) AUTOS SPECIFIED ON SCHEDULE
(8) HIRED AUTOS
(9) NON-OWNED AUTOS

ENDORSEMENTS / REMARKS

AGENCY CUSTOMER ID: _____

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	☐ 41 ☐ 46 ☐ 42 ☐ 47 ☐ 43 ☐ 50	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
MEDICAL PAYMENTS	☐ 42 ☐ 46 ☐ 43	EACH PERSON $
UNINSURED MOTORIST	☐ 42 ☐ 46 ☐ 43 ☐ 45	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
NON-TRUCKERS HIRED/BORROWED	☐ YES STATES ☐ NO	COST OF HIRE ☐ IF ANY BASIS $
TRUCKERS HIRED/BORROWED LIABILITY	☐ YES STATES ☐ NO	COST OF HIRE ☐ IF ANY BASIS $
NON-OWNED AUTO LIABILITY	☐ YES STATES ☐ NO	GROUP TYPE NUMBER OF ☐ EMPLOYEES ☐ VOLUNTEERS ☐ PARTNERS
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	☐ 42 ☐ 46 ☐ 43 ☐ 47		$
SPECIFIED CAUSES OF LOSS	☐ 42 ☐ 46 ☐ 43 ☐ 47	☐ SCL ☐ FT ☐ LSP ☐ F ☐ FTW	$
COLLISION	☐ 42 ☐ 46 ☐ 43 ☐ 47		$
TOWING & LABOR	☐ 46	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	☐ 48 ☐ 49					
SPECIFIED CAUSES OF LOSS	☐ 48 ☐ 49					
COLLISION	☐ 48 ☐ 49					$

	STATES	# DAYS	# VEH
HIRED PHYSICAL DAMAGE			
	COVERAGE IS:	☐ PRIMARY	☐ SECONDARY
OTHER			

COVERED AUTO SYMBOLS

(41) ANY AUTO
(42) OWNED AUTOS ONLY
(43) OWNED COMMERCIAL AUTOS ONLY
(44) OWNED AUTOS SUBJECT TO NO-FAULT
(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
(46) SPECIFICALLY DESCRIBED AUTOS
(47) HIRED AUTOS ONLY
(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS

AGENCY CUSTOMER ID: _____

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	61 67 / 62 68 / 63 71 / 64	CSL BI EA PER $ / BI EACH ACCIDENT $ / PROPERTY DAMAGE $
MEDICAL PAYMENTS	62 64 / 63 67	EACH PERSON $
UNINSURED MOTORIST	62 66 / 63 67 / 64	CSL BI EA PER $ / BI EACH ACCIDENT $ / PROPERTY DAMAGE $
NON-TRUCKERS HIRED/BORROWED	YES NO STATES	COST OF HIRE IF ANY BASIS $
TRUCKERS HIRED/BORROWED LIABILITY	YES NO STATES	COST OF HIRE IF ANY BASIS $
NON-OWNED AUTO LIABILITY	YES NO STATES	GROUP TYPE NUMBER OF / EMPLOYEES / VOLUNTEERS / PARTNERS
OTHER		

PHYSICAL DAMAGE			
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	62 63 64 67 68		$
SPECIFIED CAUSES OF LOSS	62 63 64 67 68	SCL FT LSP / F FTW	$
COLLISION	62 63 64 67 68		$
TOWING & LABOR	63 67	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	69 70					
SPECIFIED CAUSES OF LOSS	69 70					
COLLISION	69 70					$

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH
	COVERAGE IS:	PRIMARY	SECONDARY
OTHER			

COVERED AUTO SYMBOLS

(61) ANY AUTO
(62) OWNED AUTOS ONLY
(63) OWNED PRIVATE PASS AUTOS ONLY
(64) OWNED COMMERCIAL AUTOS ONLY
(65) OWNED AUTOS SUBJECT TO NO-FAULT
(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
(67) SPECIFICALLY DESCRIBED AUTOS
(68) HIRED AUTOS ONLY
(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

I HAVE HAD UNINSURED MOTORISTS BODILY INJURY COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT ITS LIMITS ARE AVAILABLE UP TO MY BODILY INJURY LIABILITY LIMITS. I ALSO UNDERSTAND THAT THIS COVERAGE MAY BE REJECTED ENTIRELY.

FURTHERMORE, I HAVE HAD UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THIS COVERAGE DOES NOT APPLY UNLESS I HAVE SELECTED A DEDUCTIBLE OPTION AND A PREMIUM APPEARS FOR THE APPLICABLE VEHICLE.

I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____

ACORD®

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?	
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	
4. ARE ANY VEHICLES LEASED TO OTHERS?	
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?	
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)	
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	

VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER

VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST
		$			$

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
8. ANY HOLD HARMLESS AGREEMENTS?	
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?	

APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:

1. **A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or**
2. **A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.**

DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV

15. HAS AGENT INSPECTED VEHICLES?	
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	

DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS
	$

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

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ LOSS PAYEE ☐ EMPLOYEE AS LESSOR ☐ OWNER ☐ LIENHOLDER ☐ REGISTRANT ☐	REFERENCE / LOAN #:	VEHICLE: LOCATION:

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ LOSS PAYEE ☐ EMPLOYEE AS LESSOR ☐ OWNER ☐ LIENHOLDER ☐ REGISTRANT ☐	REFERENCE / LOAN #:	VEHICLE: LOCATION:

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

AGENCY CUSTOMER ID: ______________________

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		$

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL

DRIVE TO WORK/SCHOOL	USE		CHECK COVERAGES						DEDUCTIBLES			
		☐ COMM'L		☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB		☐ ACV	☐ COMP/ OTC	☐ SPEC C OF L
☐ < 15 MILES	☐ PLEASURE	☐ RETAIL	☐ LIAB	☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/ OTC	☐ 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		$

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL

DRIVE TO WORK/SCHOOL	USE		CHECK COVERAGES						DEDUCTIBLES			
		☐ COMM'L		☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB		☐ ACV	☐ COMP/ OTC	☐ SPEC C OF L
☐ < 15 MILES	☐ PLEASURE	☐ RETAIL	☐ LIAB	☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/ OTC	☐ 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		$

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL

DRIVE TO WORK/SCHOOL	USE		CHECK COVERAGES						DEDUCTIBLES			
		☐ COMM'L		☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB		☐ ACV	☐ COMP/ OTC	☐ SPEC C OF L
☐ < 15 MILES	☐ PLEASURE	☐ RETAIL	☐ LIAB	☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/ OTC	☐ 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		$

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL

DRIVE TO WORK/SCHOOL	USE		CHECK COVERAGES						DEDUCTIBLES			
		☐ COMM'L		☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB		☐ ACV	☐ COMP/ OTC	☐ SPEC C OF L
☐ < 15 MILES	☐ PLEASURE	☐ RETAIL	☐ LIAB	☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/ OTC	☐ 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 $

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: ____________________

ACORD®

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW
		MODEL:	V.I.N.:	PP / SPEC / COML		$

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL

DRIVE TO WORK/SCHOOL	USE		CHECK COVERAGES								
		COMM'L		ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/ OTC / SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP/ OTC	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		$

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL

DRIVE TO WORK/SCHOOL	USE		CHECK COVERAGES								
		COMM'L		ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/ OTC / SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP/ OTC	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		$

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL

DRIVE TO WORK/SCHOOL	USE		CHECK COVERAGES								
		COMM'L		ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/ OTC / SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP/ OTC	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		$

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL

DRIVE TO WORK/SCHOOL	USE		CHECK COVERAGES								
		COMM'L		ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/ OTC / SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP/ OTC	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		$

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL

DRIVE TO WORK/SCHOOL	USE		CHECK COVERAGES								
		COMM'L		ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/ OTC / SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP/ OTC	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 $

ACORD™ VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)
	FAX (A/C, No):	

EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL / AGENCY BILL	PAYMENT PLAN	AUDIT

CODE: SUB CODE:

AGENCY CUSTOMER ID

FOR COMPANY USE ONLY

VEHICLE DESCRIPTION

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		CHECK COVERAGES					DEDUCTIBLES		
< 15 MILES	PLEASURE	COMM'L	LIAB	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	ACV	COMP
15 MILES +	FARM	RETAIL	NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT $
		SERVICE		UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	SPEC C OF L	$ 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		CHECK COVERAGES					DEDUCTIBLES		
< 15 MILES	PLEASURE	COMM'L	LIAB	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	ACV	COMP
15 MILES +	FARM	RETAIL	NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT $
		SERVICE		UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	SPEC C OF L	$ 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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< 15 MILES	PLEASURE	COMM'L	LIAB	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	ACV	COMP
15 MILES +	FARM	RETAIL	NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT $
		SERVICE		UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	SPEC C OF L	$ COLL

NET VEH DR/CR: TOTAL PREM $

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		MODEL:	V.I.N.:	PP / SPEC / COML		$

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15 MILES +	FARM	RETAIL	NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT $
		SERVICE		UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	SPEC C OF L	$ 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		CHECK COVERAGES					DEDUCTIBLES		
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15 MILES +	FARM	RETAIL	NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT $
		SERVICE		UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	SPEC C OF L	$ 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		CHECK COVERAGES					DEDUCTIBLES		
< 15 MILES	PLEASURE	COMM'L	LIAB	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	ACV	COMP
15 MILES +	FARM	RETAIL	NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT $
		SERVICE		UNINS MOTOR	SPEC C OF L	FTW	COLL	OTHER	SPEC C OF L	$ COLL

NET VEH DR/CR: TOTAL PREM $