



## BUSINESS AUTO SECTION

### INSURANCE INFORMATION

1. Please list five years of insurance company names, policy periods, policy numbers, and annual premiums:

	Insurance Company	Policy Period	Policy Number	Annual Premium
Current Policy	_____	_____	_____	\$ _____
1 <sup>st</sup> Year Prior	_____	_____	_____	\$ _____
2 <sup>nd</sup> Year Prior	_____	_____	_____	\$ _____
3 <sup>rd</sup> Year Prior	_____	_____	_____	\$ _____
4 <sup>th</sup> Year Prior	_____	_____	_____	\$ _____

**\*PROVIDE 5 YEARS CURRENTLY VALUED HARD COPIES OF LOSS RUNS.**

2. List any claim made in the last 5 years including claim type & amount paid. Use separate sheet if needed.

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3. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property including any undisclosed claims that may potentially give rise to any future claim or legal action against you?

No or  Yes If Yes, please describe (include a separate sheet if needed): \_\_\_\_\_

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#### General Information

4. Radius of Operations:     50 Miles     51 to 100 Miles     Over 100 Miles
5. Do over 50% of your employees use their autos for the business?     Yes     No
6. Do you lease any of your vehicles to others?     Yes     No
7. Are any of the vehicles customized, altered or have special equipment?     Yes     No If Yes, please describe
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8. Are you required to file any ICC, PUC or any other filings?     Yes     No
9. Do your operations involve transporting hazardous material?     Yes     No
10. Do family members use any of the vehicles?     Yes     No
11. Are there any drivers not covered by your Worker's Compensation?     Yes     No

#### Automobile Limits of Coverage Desired

Liability:    \$ _____	Medical Payments:    \$ _____
Uninsured Motorists:    \$ _____	* Please indicate the desired Collision and Comprehensive deductible per vehicle below.

## VEHICLE AND DRIVER INFORMATION

4. Provide the following information for each vehicle:

	Vehicle #1	Vehicle #2
<b>Year, Make, &amp; Model</b>		
<b>Vehicle ID No.</b>		
<b>Comprehensive*</b>	Deductible: \$	Deductible: \$
<b>Collision*</b>	Deductible: \$	Deductible: \$
<b>Cost New</b>		
<b>Registered Owner</b>		
<b>Garaged Zip Code</b>		
<b>Lien Holder</b>		

	Vehicle #3	Vehicle #4
<b>Year, Make, &amp; Model</b>		
<b>Vehicle ID No.</b>		
<b>Comprehensive*</b>	Deductible: \$	Deductible: \$
<b>Collision*</b>	Deductible: \$	Deductible: \$
<b>Cost New</b>		
<b>Registered Owner</b>		
<b>Garaged Zip Code</b>		
<b>Lien Holder</b>		

	Vehicle #5	Vehicle #6
<b>Year, Make, &amp; Model</b>		
<b>Vehicle ID No.</b>		
<b>Comprehensive*</b>	Deductible: \$	Deductible: \$
<b>Collision*</b>	Deductible: \$	Deductible: \$
<b>Cost New</b>		
<b>Registered Owner</b>		
<b>Garaged Zip Code</b>		
<b>Lien Holder</b>		

	Vehicle #7	Vehicle #8
Year, Make, & Model		
Vehicle ID No.		
Comprehensive*	Deductible: \$	Deductible: \$
Collision*	Deductible: \$	Deductible: \$
Cost New		
Registered Owner		
Garaged Zip Code		
Lien Holder		

4. Provide the following information for each driver:

Driver	Driver's Name	**Marital Status	Driver's D.O.B.	Driver's License #	Assigned to Vehicle #:
# 1		<input type="checkbox"/> M <input type="checkbox"/> S			
# 2		<input type="checkbox"/> M <input type="checkbox"/> S			
# 3		<input type="checkbox"/> M <input type="checkbox"/> S			
# 4		<input type="checkbox"/> M <input type="checkbox"/> S			
# 5		<input type="checkbox"/> M <input type="checkbox"/> S			
# 6		<input type="checkbox"/> M <input type="checkbox"/> S			
# 7		<input type="checkbox"/> M <input type="checkbox"/> S			
# 8		<input type="checkbox"/> M <input type="checkbox"/> S			

\*\*Marital Status: M = Married and S = Single

Please check if the Business Auto Supplemental is attached.

Comments:

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