

BROKERING AGENT'S REGISTER NUMBER #: _____

(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)
COMMERCIAL AUTO APPLICATION
 NEW RENEWAL

Proposed Effective Date: _____ To _____ Policy Number: _____

Applicant/Insured:				
DBA:		Producers Name & Address:		
Address:				
City & State:	Zip:			
Inspection Contact:	Phone: () -			
Accounting Contact:	Phone: () -	Agent's 2-20 License #:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Prof Corp.	Years in business: _____

Business Description:

Please describe business operations: _____

Coverage Information:

Coverage	Limits		Covered Auto Symbol	
Bodily Injury Liability	\$	Each Person	7	
	\$	Each Accident	7	
Property Damage Liability	\$	Each Accident	7	
Combine Single Limit	\$	Each Accident	7	
Uninsured Motorist	\$	Each Person	7	
	\$	Each Accident		
Personal Injury	\$ 10,000 Basic PIP	\$	Deductible	5
Medical Payments	\$	Each Accident		7
Comprehensive	Actual Cash Value	See Below	Deductible	7
Collision	Actual Cash Value	See Below	Deductible	7
Non-Owned Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No			9
Hired Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No			8
Other:				

5 = All Owned Autos which require no-fault coverage. 7 = Autos Specified on Schedule.

Vehicle Information (Schedule): (For additional vehicles, please use Vehicle Description Supplemental).

Veh. 1	Year:	Make:		Model:		Cost New: \$ _____
		Body Type:		V.I.N.:		
City Where Garaged:		GVW/GCW:	Radius: <input type="checkbox"/> 0-50 <input type="checkbox"/> 51-200		Comprehensive \$ _____ Deductible Collision \$ _____ Deductible	
Additional Insured/Lessor: <input type="checkbox"/> Lien holder <input type="checkbox"/> Other (Explain):						
Name:						
Address:						
Veh. 2	Year:	Make:		Model:		Cost New: \$ _____
		Body Type:		V.I.N.:		
City Where Garaged:		GVW/GCW:	Radius: <input type="checkbox"/> 0-50 <input type="checkbox"/> 51-200		Comprehensive \$ _____ Deductible Collision \$ _____ Deductible	
Additional Insured/Lessor: <input type="checkbox"/> Lien holder <input type="checkbox"/> Other (Explain):						
Name:						
Address:						

Veh. 3	Year:	Make:	Model:	Cost New:
		Body Type:	V.I.N.:	\$ _____
City Where Garaged:		GVW/GCW:	Radius: <input type="checkbox"/> 0-50 <input type="checkbox"/> 51-200	Comprehensive Deductible Collision Deductible
Additional Insured/Lessor: <input type="checkbox"/> Lien holder		<input type="checkbox"/> Other (Explain):		
Name:				
Address:				\$ _____

Operator Information:

*List all Drivers, Employees, Spouses, and all persons over 15 years of age residing with Applicant.

Driver #:	Name (Exactly as on License)	Date of Birth	Driver License Number	State Lic.
1		/ /		
2		/ /		
3		/ /		
4		/ /		
5		/ /		
6		/ /		
7		/ /		
8		/ /		
9		/ /		
10		/ /		
11		/ /		
12		/ /		
13		/ /		

I fully understand policy provides NO COVERAGE for losses while drivers under 21 operate the listed vehicles.

Underwriting Questions:

*If you answer "Yes" to any of the following questions, please use space provided below to explain>

1. Any drivers with moving traffic violations? Yes No
2. Are any vehicles customized, altered or have special equipment? Yes No
3. Have all operators been listed? Yes No
4. Does insured understand that there is no coverage for physical damage on non-factory installed equipment? Yes No
5. Are any vehicles leased or rented to others? Yes No
6. With the exception on encumbrances, are any vehicles not solely owned and registered to the applicant? Yes No
7. During the past 5 years, has the applicant, or any listed driver:
 - a. Had auto insurance canceled, been refused insurance or renewal, or received notice of such intent? Yes No
 - b. Had License to driver or registration suspended, revoked or refused? Yes No
 - c. Had an accident or sustained a loss, whether compensated or not? Yes No
 - d. Had filed any insurance claims? Yes No
 - e. Had been fined, convicted, arrested or forfeited bail? Yes No
8. During the last 5 years, has the applicant, or any officer of the company:
 - a. Been involved in any lawsuits? Yes No
 - b. Had any loan defaults? Yes No
 - c. Had a vehicle stolen? Yes No
9. Have any listed vehicle been salvaged or rebuild? Yes No
10. Is any listed vehicle "Gray Market" (i.e. not manufactured for original sale in U.S.)? Yes No
11. Is there a vehicle maintenance program in operation? Yes No
12. Are any vehicle customized, altered or have special equipment? Yes No

If yes, Please describe and state value: _____

13. Does applicant require any special filling or permits? Yes No
 14. Does the applicant obtain MVR verifications when hiring drivers? Yes No

Use this space for any necessary explanations. (If more space is needed, use a separate sheet.)

Remark:

Prior Carrier Information:				
	Years	Years	Years	Years
Carrier				
Policy Number				
Limits				
Total Premium				

Loss History:

(Enter all claims or occurrences that might rise to claims for the prior 3 years)

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

I fully understand that this policy provides no coverage for losses while drivers under 21 years old operate the listed vehicles.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is
 Bound Effective 12.01 am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a FELONY of third degree.

I agree and understand that this application will be made part of the policy when issued.

I understand this application is not a binder indicated as such on this form by the Brokering Agent.

Insured's Signature

Agent's Signature

Date