

ACORDTM BUSINESS AUTO SECTION								DATE					
PRODUCER PHONE (A/C, No, Ext):				APPLICANT (First Named Insured)									
				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	DOC	USE VEH #	% USE

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 MOVING TRAFFIC VIOLATIONS?		
15. HAS AGENT INSPECTED VEHICLES?					
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			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 <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> EMPLOYEE AS LESSOR					LOCATION: BUILDING:
					VEHICLE: BOAT:
					SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					

REMARKS

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VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE				SYM/AGE		COST NEW		
		MODEL:	V.I.N.:		<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> 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	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> LIAB	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$		TOTAL PREM
15 MILES +		<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL	\$		\$ COLL		\$
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