

# Commercial Auto Application



Agent's Name and Address	
Phone Number	Case

This application will not be given consideration unless:  
 (1) It is fully completed and every question answered.  
 (2) Accompanied by a current MVR for ALL drivers and  
 (3) Application is signed personally by the Applicant and Producer.

Applicant's full name	
D.B.A. - If any	
Mailing Address - If P.O. Box then give actual address below	
City	State Zip Code
Phone Number	Name of Contact Person
Place of principal garaging. If same as mailing address then write "SAME":	
Proposed Effective Date At 12:01 A.M. Standard Time	POLICY TERM <input type="checkbox"/> 12 Months <input type="checkbox"/> 6 Months

Policy requested: <input type="checkbox"/> Liability and Physical Damage <input type="checkbox"/> Physical Damage Only <input type="checkbox"/> New Business <input type="checkbox"/> Renewal of Topa Policy # :
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Is the applicant: <input type="checkbox"/> An Individual, <input type="checkbox"/> A Partnership, <input type="checkbox"/> A Corporation <input type="checkbox"/> Other - If Other please specify:
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How long has the applicant been in business? _____	Years
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Is this a new venture? <input type="checkbox"/> No <input type="checkbox"/> Yes - if yes, explain past experience.
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Describe the business operations of the applicant.


NOTE: Coverage cannot be bound until approved by the Company. When approved the application and payment must be postmarked within 48 hours of the effective date; otherwise coverage will be effective at 12:01 A.M. on the date following the postmark on the envelope.

**GENERAL INFORMATION - ALL QUESTIONS MUST BE FULLY ANSWERED**

1. Must the applicant comply with the Motor Carrier Act of 1980? <input type="checkbox"/> NO <input type="checkbox"/> YES - If yes, risk is Unacceptable	9. Is there a vehicle maintenance program in place? <input type="checkbox"/> NO - Why not? <input type="checkbox"/> YES - Explain:
2. Does the risk EVER haul hazardous substances, flammables, explosives, chemicals or acids? <input type="checkbox"/> NO <input type="checkbox"/> YES - Not Eligible	10. Does the applicant ever operate outside the resident State? <input type="checkbox"/> NO <input type="checkbox"/> Yes How often and where?
3. Does the applicant operate on a regular route? <input type="checkbox"/> NO <input type="checkbox"/> YES - List cities and destinations:	11. Are any sub-haulers utilized? <input type="checkbox"/> NO <input type="checkbox"/> YES - What percentage?
4. Does the applicant rent or lease vehicles to others? <input type="checkbox"/> NO <input type="checkbox"/> YES - If "yes" the risk is unacceptable	12. Do other truckers operate under the applicant's filing authority? <input type="checkbox"/> NO <input type="checkbox"/> YES
5. Is the applicant under contract or lease to haul for a single firm? <input type="checkbox"/> NO <input type="checkbox"/> YES - Give full name.	13. Number of Employees?
6. Are ALL vehicles owned or operated shown on the application? <input type="checkbox"/> YES <input type="checkbox"/> NO - where insured?	14. Do any employees use their own vehicles during the course of employment on a regular basis? <input type="checkbox"/> NO <input type="checkbox"/> YES
7. Is the applicant the registered owner of all units listed except "unidentified trailers"? <input type="checkbox"/> YES <input type="checkbox"/> NO - explain.	15. What is the applicant's annual gross receipts? \$
8. Any policy or coverage declined, cancelled or nonrenewed in the past 3 years? <input type="checkbox"/> NO <input type="checkbox"/> YES - Explain:	16. Are any vehicles registered or garaged outside of the applicant's resident state? <input type="checkbox"/> NO <input type="checkbox"/> YES - Explain:

Type of cargo goods hauled and percentage of each. Be specific.

FILINGS:  PUC Filing - Your Cert # \_\_\_\_\_  ICC # \_\_\_\_\_  DMV # \_\_\_\_\_  Other \_\_\_\_\_  
 NOTE: There is a fully earned filing fee for each filing, INCLUDING REINSTATEMENTS. We must insure ALL vehicles owned or operated by the applicant to make a regulatory filing.

**LIST ALL INSURANCE POLICIES FOR THE PAST 3 YEARS**

Insurance Company	Policy Number	Policy Period Dates	Coverages (BI/PD/COMP/COLL)

**LIST ALL CLAIMS FOR THE PAST 3 YEARS**

Date of Loss	Type of Loss	Description of Loss	Amount Paid	Driver

### Coverages & Limits of Liability (In thousands)

<input type="checkbox"/> Liability Split Limits	BI: \$ PD \$	Per Person \$ Per Accident	Per Accident	<input type="checkbox"/> Uninsured Motorist - PD: \$	Per Accident California Only and cannot have Collision
<input type="checkbox"/> Liability	\$	Combined Single Limit		<input type="checkbox"/> Underinsured Motorist	\$ Each Person \$ Each Acct.
<input type="checkbox"/> Medical Payments	\$	Each Person		<input type="checkbox"/> Hired Auto Liability - Cost of Hire = \$ _____	
<input type="checkbox"/> Uninsured Motorist - BI	\$	Per Person \$	Per Accident	<input type="checkbox"/> Non-owned Auto Liab. - Number of Employees =	
<b>NOTE: Med. Pay, UM-BI, UM-PD and UIM-BI coverage may be rejected depending on your state's laws. Please attach your States acceptance/rejection form.</b>					
<input type="checkbox"/> Liability Deductible: BI = \$ PD = \$ A deductible may be imposed by the Company even if not requested.					

### VEHICLE INFORMATION - COMPLETE FOR EACH VEHICLE TO BE INSURED - USE ADDITIONAL APPLICATIONS IF NECESSARY!

<b>Unit # 1</b>	How is the unit used?						No. of trips per day?	
Year	Manufacturer and Model		Body Type	Complete Serial Number		Current Replacement Value		
GVW or Gallons	Use	Maximum Radius	Anti-lock brakes	4 Wheel drive	Spec. Perils Ded.	Coll. Ded	On-Hook Liab	
	<input type="checkbox"/> Comm <input type="checkbox"/> Serv <input type="checkbox"/> Retail <input type="checkbox"/> Ultra <input type="checkbox"/> Personal <input type="checkbox"/> Hvy	<input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 500 Miles	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> YES			<input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1,000	
Garage Location including zip code								
Loss Payee: Name & Address								
Additional Insured Name & Address								

<b>Unit # 2</b>	How is the unit used?						No. of trips per day?	
Year	Manufacturer and Model		Body Type	Complete Serial Number		Current Replacement Value		
GVW or Gallons	Use	Maximum Radius	Anti-lock brakes	4 Wheel drive	Spec. Perils Ded.	Coll. Ded	On-Hook Liab	
	<input type="checkbox"/> Comm <input type="checkbox"/> Serv <input type="checkbox"/> Retail <input type="checkbox"/> Ultra <input type="checkbox"/> Personal <input type="checkbox"/> Hvy	<input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 500 Miles	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> YES			<input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1,000	
Garage Location including zip code								
Loss Payee: Name & Address								
Additional Insured Name & Address								

<b>Unit # 3</b>	How is the unit used?						No. of trips per day?	
Year	Manufacturer and Model		Body Type	Complete Serial Number		Current Replacement Value		
GVW or Gallons	Use	Maximum Radius	Anti-lock brakes	4 Wheel drive	Spec. Perils Ded.	Coll. Ded	On-Hook Liab	
	<input type="checkbox"/> Comm <input type="checkbox"/> Serv <input type="checkbox"/> Retail <input type="checkbox"/> Ultra <input type="checkbox"/> Personal <input type="checkbox"/> Hvy	<input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 500 Miles	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> YES			<input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1,000	
Garage Location including zip code								
Loss Payee: Name & Address								
Additional Insured Name & Address								

<b>Unit # 4</b>	How is the unit used?						No. of trips per day?	
Year	Manufacturer and Model		Body Type	Complete Serial Number		Current Replacement Value		
GVW or Gallons	Use	Maximum Radius	Anti-lock brakes	4 Wheel drive	Spec. Perils Ded.	Coll. Ded	On-Hook Liab	
	<input type="checkbox"/> Comm <input type="checkbox"/> Serv <input type="checkbox"/> Retail <input type="checkbox"/> Ultra <input type="checkbox"/> Personal <input type="checkbox"/> Hvy	<input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 500 Miles	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> YES			<input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 Deductible <input type="checkbox"/> 500 <input type="checkbox"/> 1,000	
Garage Location including zip code								
Loss Payee: Name & Address								
Additional Insured Name & Address								

**DRIVER INFORMATION - LIST ALL PART-TIME, FULL-TIME OR OCCASIONAL DRIVERS. ALL DRIVERS MUST BE LISTED.**

Does applicant review MVRs prior to hiring? [ ] YES [ ] NO		Does applicant require current D.O.T. Physical on all drivers? [ ] YES [ ] NO			
Driver #	Full name as on Driver's License	Date of Birth	Years Experience	Driver's License Number	State
1					
2					
3					
4					
5					

Driver #	Date	List ALL violations, convictions and accidents for the past 3 years. Provide proof on no-fault accidents.	Accidents or Losses
1			
2			
3			
4			
5			

**APPLICANT QUESTIONNAIRE - TO BE COMPLETED AND INITIALED IN THE APPLICANT'S HANDWRITING**

Have all drivers who may operate an insured vehicle on an occasional, part-time or full-time basis been listed in the driver section? This includes family members who may operate a listed vehicle.	[ ] YES [ ] NO - explain below Initials: _____
Are all owned or operated (including vehicles under a 30 day or longer lease) commercial vehicles listed in the vehicle section?	[ ] YES [ ] NO - explain below Initials: _____
Are all vehicles listed on the application which are operated under the insured's regulatory filing?	[ ] YES [ ] NO - explain below Initials: _____
Explain any "no" answers: _____	

**PREMIUM SUMMARY**

This is only a summary of the premium and fees due. The premium breakdown by coverage and vehicle will be provided to you under a separate quote sheet. Do not sign this application until you have reviewed the actual quote sheet details.  I have reviewed the actual quote: Applicant's Initials: X _____	Total Premium for All Vehicles	\$
	Hired & Non-Owned Auto Premium - if any	\$
	Filing Fees - if any	\$
	Fully Earned Policy Fee	\$
	Total Premium Due	\$
	AMOUNT REMITTED WITH APPLICATION	\$

**APPLICANT AND PRODUCER SIGNATURES. THIS MUST BE SIGNED OR APPLICATION WILL BE REJECTED**

I hereby declare and warrant that to the best of my knowledge the statements made on the application are true and complete and that these statements are made as an inducement to the Company to issue the insurance policy for which I am applying. I agree that such policy shall be null and void if my premium payment check does not clear the bank when initially presented. I acknowledge that a \$10.00 charge will apply for all checks returned due to insufficient funds.

I understand a routine investigation may be made as to my insurability, including requesting a copy of my motor vehicle record from the Department of Motor Vehicles, character, general reputation, personal characteristics, credit history, condition of vehicles and their use. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I further declare that I have not had an accident or loss in the last 72 hours and that I am the legal and/or registered owner of all vehicles.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Time: \_\_\_\_\_ [ ] AM - [ ] PM Date: \_\_\_\_\_

I warrant and certify that all information contained herein is correct to the best of my knowledge, that this application was completed and then signed by the insured/applicant, that a completed copy hereof has been given to the insured/applicant, and that I am retaining a duplicate copy.

PRODUCER'S SIGNATURE: \_\_\_\_\_ Time: \_\_\_\_\_ [ ] AM - [ ] PM Date: \_\_\_\_\_

**DRIVER EXCLUSION**

It is hereby understood and agreed that all coverages and OUR obligation to defend under this policy shall not apply nor accrue to the benefit of any INSURED or any third party claimant while any VEHICLE or MOBILE EQUIPMENT described in the policy or any other VEHICLE or MOBILE EQUIPMENT, to which the terms of the policy are extended, is being driven, used or operated by any person designated below.

This driver exclusion shall be binding upon every INSURED to whom such policy or endorsements provisions apply while such policy is in force and shall continue to be binding with respect to any continuation, renewal or replacement of such policy by the Named Insured or with respect to any reinstatement of such policy within 30 days of any lapse thereof. This DRIVER EXCLUSION provisions shall conform State statutes and laws.

Name of Person Excluded	Reason For Exclusion	Date of Birth or Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Acceptance by signature of Named Insured: \_\_\_\_\_ Date: \_\_\_\_\_

## COMMERCIAL AUTOMOBILE LIABILITY

**UNINSURED MOTORIST BODILY INJURY COVERAGE:** The California Insurance Code requires an insurer to provide uninsured motorist coverage in each bodily injury liability policy it issues covering liability arising out of ownership, maintenance or use of a motor vehicle. Such section also permits the insurer and the applicant to delete this coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorist coverage insures the Insured, his heirs or legal representatives for all sums within limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease or death, to him or the owner or operator of any uninsured motor vehicle not owned or operated by the insured or resident of the same household. An Insured automobile includes an underinsured automobile as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

I HEREBY REJECT UNINSURED MOTORIST BODILY INJURY COVERAGE. This rejection shall be binding upon every insured to whom the policy applies while the policy is in force and shall continue to be so binding with respect to any continuation or renewal of the policy, or with respect to any other policy issued to the named insured by the same insurer or with respect to reinstatement to the policy within 30 days of any lapse thereof.

X \_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

**UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE:** The California Insurance Code requires Insurers to offer coverage of damage to the insured motor vehicle, to the extent that you are legally entitled to recover from the owner or operator of the uninsured motor vehicle, caused by an uninsured motor vehicle, that either 1) pay the collision deductible on the insured motor vehicle when you have purchased collision coverage, or 2) pay for the damage to the Insured motor vehicle and shall not exceed the smaller of the actual cash value of the insured motor vehicle or \$3,500.

I HEREBY REJECT UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE. This rejection shall be binding upon every insured to whom the policy applies while the policy is in force and shall continue to be so binding with respect to any continuation or renewal of the policy, or with respect to any other policy which extends, changes, supersedes or replaces the policy issued to the named insured by the same insurer or with respect to reinstatement of the policy within 30 days of any lapse thereof.

X \_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

**IMPORTANT NOTICE!** In the event that either Uninsured Motorist Bodily Injury coverage or Uninsured Motorist Property Damage coverage is not rejected, the coverage will automatically be added to the policy with the minimum limits and the appropriate coverage premium will be charged.