

## COMMERCIAL AUTO PHYSICAL DAMAGE APPLICATION – CA

GENERAL INFORMATION	1. Name of Business: _____ <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
	2. DBA : _____
	3. Name of Person Signing Application: _____ Title: _____
	4. Mailing address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street Address</span> <span>City</span> <span>State</span> <span>Zip</span> </div>
	5. Applicant's business: _____ 6. Years in Business: _____
	7. Principal Garaging Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street Address</span> <span>City</span> <span>State</span> <span>Zip</span> </div>
	8. Phone Number: (____) _____ 9. Date coverage desired: _____
	10. Contact Name for Inspection: _____ 11. Contact Phone Number: _____

OPERATIONS	What is applicant's DOT#?			
	Name of Current Liability Carrier: _____	Policy Number: _____		
	What is applicant's maximum radius of operation?			
	List all commodities carried:			
	EXPLAIN ALL "YES" RESPONSES	YES* NO	EXPLAIN ALL "NO" RESPONSES	YES NO*
	1. With the exception of any encumbrances, are any vehicles not solely owned by and registered to the applicant?	<input type="checkbox"/> <input type="checkbox"/>	8. Does applicant understand that coverage being applied for will exclude vehicles rented or leased to others without drivers?	<input type="checkbox"/> <input type="checkbox"/>
	2. Has insurance been cancelled or refused by any company in last three (3) years?	<input type="checkbox"/> <input type="checkbox"/>	9. Do you order MVR's for all drivers prior to hire?	<input type="checkbox"/> <input type="checkbox"/>
	3. Has applicant ever been in an assigned risk plan?	<input type="checkbox"/> <input type="checkbox"/>	10. Do you order MVR's for all drivers at least once yearly after employment?	<input type="checkbox"/> <input type="checkbox"/>
	4. Are PUC filings required? If Yes; Filing #:	<input type="checkbox"/> <input type="checkbox"/>	11. Are drivers subject to pre-hire drug screening?	<input type="checkbox"/> <input type="checkbox"/>
	5. Are DMV filings required? If Yes; Filing #:	<input type="checkbox"/> <input type="checkbox"/>		
6. Are any vehicles customized, altered or have special equipment?	<input type="checkbox"/> <input type="checkbox"/>			
7. Are any vehicles listed on this application used by family members not listed as drivers on the application?	<input type="checkbox"/> <input type="checkbox"/>			
* EXPLANATIONS: _____				

HISTORY	PRIOR CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS							
	From		To		Physical Damage Carrier Name (List Liability Carrier if no prior physical damage coverage)	Policy No.	Losses	
	Mo	Yr	Mo	Yr			Number	Amount
								\$
								\$
								\$
								\$

VEHICLES	Unit #	Model Year	Trade Name	Body Type	Subclass Code	GVWR	Identification # (VIN#, Serial #)	Radius	Coverage Limit Requested	Owned or Leased
	1					N/A				
	2					N/A				
	3					N/A				
	4					N/A				
	5					N/A				
	6					N/A				
	7					N/A				
	8					N/A				
	9					N/A				
	10					N/A				

Deductible Requested:  \$1,000  \$2,500  \$500 (\$500 NOT AVAILABLE for Heavy or Extra Heavy Trucks/Tractors or Semi-Trailers?)

#	DRIVER'S FULL NAME	Date of Birth	Driver's License Info		No. Yrs. Commercial Driving	No. Yrs. Employed By Applicant	No. of Accidents Last 3 Yrs.	No. of Minor Convictions Last 3 Yrs.	No. of Major Convictions Last 3 Yrs.
			State	License #					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
6									
7									
8									
9									
10									

DRIVER INFORMATION

**ADDITIONAL INFORMATION**

1. Does applicant employ drivers under age 25?  YES  NO If YES, are all such drivers listed on this application?  YES  NO
2. Does applicant understand that coverage being applied for will exclude coverage on vehicles being operated by drivers under age 25 that are not listed as drivers above or added to the policy by subsequent endorsement?  YES  NO
3. Does applicant understand that they will be required to report all new drivers to the company before they are allowed to operate any vehicles?  YES  NO

The automobiles described above under Item Numbers corresponding to those indicated below are mortgaged as follows and "loss", if any, under Comprehensive, Collision, Fire, Lightning or Transportation, Theft, or Combined Additional shall be payable to the named Insured and mortgagee named below, as their interest may appear.

Auto #	Name of Loss Payee	Address of Loss Payee

LEINHOLDERS

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTICE TO APPLICANT**

BY MY SIGNATURE I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE WITH THE FOLLOWING:

1. No insurance shall be effective until the Sutter Insurance Company (the Company), receives and approves this application, and advises the Applicant or its authorized Broker that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Broker named below is acting as the Applicant's Broker and not on behalf of the Company. The Applicant's Broker has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy;** and
2. This is my full authorization to release a claim loss history on the policies listed in this application to the Company (Fax # 707-793-0909). This authorization does not authorize release of any specific records or documents in claim files. This authorization expires upon the expiration of any coverage extended as a result of this application; and
3. The Applicant agrees that any inspection of equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect; and
4. The Applicant understands that an inquiry may be made into the character, finances, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation; and
5. The Applicant represents that she/he has completed all relevant sections of this Application with the guidance of the Applicant's broker, prior to execution. The applicant further represents that the Applicant's Broker has reviewed and explained the coverage so that the Applicant understands all Coverages, Limitations and Exclusions contained in the insurance being requested; and
6. The Insurance applied for will **EXCLUDE** coverage on any covered auto while it is in the custody of or operated by drivers under 25 years of age, unless such person is named as a driver in this application or is added by endorsement to the policy, and vehicles rented or leased to others without drivers; and
7. A deductible equal to two times the deductible indicated on the policy declarations will apply to any claim involving a vehicle operator whose name you failed to report to us, or our authorized representative, prior to the "loss" or damage to the vehicle. This deductible is a separate aggregate deductible and applies in addition to any other deductible; and
8. This policy has a significant restriction for Towing and Storage expenses. We will pay up to **\$5000** for the combined towing, storage and labor costs resulting from the ownership, maintenance or use of a "covered automobile" that is involved in a covered "loss" to which this insurance applies; and
9. Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law; and
10. That the foregoing statements and answers are true and correct. I completed this application with the guidance of my broker as defined in Section 1623 of the California Insurance Code, who is indicated within this application and the facts stated herein are true and request the company to issue the Insurance policy and any renewals there from in reliance hereon. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.
11. I hereby apply for a policy of Insurance set forth above on the basis of statements contained herein, and that my Broker has reviewed and explained so that I understand all Coverages, Limitations and Exclusions contained in the Insurance being applied.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO BROKER**

By my signature, I hereby declare that all Coverages, Limitations, and Exclusions contained in the Insurance being applied for have been reviewed with and explained to the applicant.

Name of Applicant's Broker: \_\_\_\_\_ License #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Applicant's Broker: \_\_\_\_\_ Date: \_\_\_\_\_