

GENERAL

1. Name of Business: _____ Individual Partnership Corporation

2. DBA : _____

3. Name of Person Signing Application: _____ Title: _____

4. Mailing address: _____
Street Address City State Zip

5. Applicant's business: _____ 6. Years in Business: _____

7. Principal Garaging Address: _____
Street Address City State Zip

8. Phone Number: (____) _____ 9. Date coverage desired: _____

10 Contact Name for Inspection: _____ Contact Phone Number: _____

OPERATIONS

1. What is applicant's maximum radius of operation? _____

2. What is applicant's DOT#? _____

3. What is applicant's California DMV Filing #? CA _____

4. What is applicant's Federal Filing #? MC _____

5. Does applicant operate under someone else's Federal Filing (MCS-90)? Yes No
If "Yes"; under whose filing (Attach a copy of the contract to this application if not under your own filing)? _____
What is their Federal Filing #? MC _____

6. Are there any vehicles OWNED or OPERATED by the Applicant (including non-operational units) NOT listed on the application? Yes No
If "Yes", Explain why they are not listed: _____

7. List all cargo commodities carried: _____

8. Does applicant own cargo? Yes No
If "No" then who owns it? _____

9. Does applicant Hire Equipment? Yes No
If "Yes", what is estimated annual cost of hire?: \$ _____ Is Hired Auto coverage contractually required? Yes No

10. Does applicant use sub-haulers? Yes No

11. Does applicant operate in the ports and/or require the applicable endorsements (i.e. UIIE)? Yes No

12. Does applicant rent or lease equipment to others without drivers? Yes No

PRIOR CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS

HISTORY	From		To		Liability Coverage Company Name	Policy No.	Liability Losses		Physical Damage Losses	
	Mo	Yr	Mo	Yr			Number	Amount	Number	Amount
							\$			\$
							\$			\$
							\$			\$
							\$			\$

Has insurance been cancelled or refused by any company in the last 3 years? Yes No Explain: _____

DRIVER INFORMATION

#	Driver's Full Name	Date of Birth	Driver's License Info		No. Yrs. Commercial Driving	No. of Accidents * Last 36 Months	No. of Minor Convictions *Last36Months	No. of Major Convictions *Last36Months
			State	License Number				
1								
2								
3								
4								
5								
6								
7								
8								

* List all accidents in which you were principally at fault

I O N	ADDITIONAL INFORMATION				
	1. Does applicant employ drivers under age 25?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	2. Do all drivers hold Class A licenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	3. Number of drivers employed LESS THAN 1 year? _____ 3 years? _____				
	4. Are driving records checked and ordered on new drivers prior to employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	5. Does applicant participate in the FMCSA Pre-Employment Screening Program (PSP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6. Does applicant participate in the DMV Employer Pull Notice Program (EPN)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Liability Limits Requested:

Liability (each accident): \$ _____ Uninsured Motorist – Bodily Injury (each accident): \$ _____

Medical Payments (each accident): \$ _____ Uninsured Motorist – Property Damage (each accident): \$ _____

V E H I C L E S	UNIT NO.	YEAR MODEL	TRADE NAME	BODY TYPE	IDENTIFICATION # (VIN#, SERIAL #)	GVWR	LIABILITY RADIUS	OWNED OR LEASED	OTHER
	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								

IF PHYSICAL DAMAGE COVERAGE IS REQUESTED, COMPLETE SPACES BELOW IN DETAIL FOR EACH RESPECTIVE UNIT ABOVE:

P H Y S I C A L D A M A G E	UNIT NO.	COVERAGE LIMIT (ACV)	DEDUCTIBLE	PHYSICAL DAMAGE RADIUS	LIENHOLDER
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

CALIFORNIA UNINSURED / UNDERINSURED MOTORISTS INSURANCE REQUIREMENT SELECTION / REJECTION

The California Insurance Code requires an insurer to provide uninsured motorist coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance or use of a motor vehicle.

Uninsured motorists coverage insures the insured, his heirs, or legal representatives for all sums within the 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 from the owner or operator of an uninsured motor vehicle not owned or operated by the insured.

If the Sutter Insurance Company issues coverage to the applicant In accordance with the California Insurance Code (Section 11580.2(a)), the insured:

INDICATE COVERAGE DESIRED BY AN "X"

- agrees that the Uninsured Motorist Coverage afforded in the policy is hereby rejected in its entirety.
- agrees that the Uninsured Motorist Coverage is to be provided at the financial responsibility limits of \$15,000 each person and \$30,000 each accident.
- agrees that the Uninsured Motorist Coverage is to be provided at the higher limits of \$30,000 each person and \$60,000 each accident.
- agrees that the Uninsured Motorist Coverage is to be provided at the higher limits of \$60,000 Combined Single Limit each accident.

Any selection / rejection of coverage indicated on this form will be carried forward on all renewals issued by the company unless the insured advises us in writing. In the event the policy names more than one individual in the declarations, each of you must sign.

By my signature I acknowledge that I have made the selection indicated above and that I understand that THERE IS A PREMIUM CHARGE FOR THIS COVERAGE and I agree to pay same if coverage is selected:

Signature of Applicant: _____ Date: _____

NOTICE TO APPLICANT

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

1. This is my full authorization to release a claim loss history on the policies listed in this application to the Sutter Insurance Company Fax # 707-793-0909. This authorization does not authorize release of any specific records or documents in your claim files. This authorization expires upon the expiration of any coverage extended as a result of this application. This authorization is in compliance with the California Insurance Code; Article 6.6 Insurance and Privacy Protection Act, Section 791.06 and 791.13, and Title 10, California Code of Regulations, Sections 2689.1 through 2689.24; and
2. 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
3. Depending on the size and use, the California Department of Motor Vehicles requires that certain commercial autos carry limits of liability up to \$750,000. The applicant hereby acknowledges that they are aware of such requirements and represents that the limits being applied for on this application are in compliance with the Department of Motor Vehicle Regulations; and
4. 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
5. No insurance shall be effective until the Sutter Insurance Company (the Company), receives and approves this application, and required payment, 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
6. This program may be available with a monthly payment option from **SUTTER**, and that if this option is elected there will be: a **\$20 BILLING FEE** applied to each installment and supplemental bill as long as the annual premium balance is not paid in full, a **\$20 LATE PAYMENT FEE** applied to any payment not postmarked or received by the due date, a **\$25 RETURNED PAYMENT FEE** if any payment is returned by your financial institution; and
7. 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
8. 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

If liability coverage is packaged with Sutter Physical Damage Coverage, the following applies in addition to the above:

1. An additional deductible equal to two times the deductible indicated on the policy declarations, or added by subsequent endorsement, will be imposed on the Named Insured for any covered loss, when the driver of the insured vehicle has not been reported to the Company in writing prior to the time of loss; and

The facts stated herein are true and I hereby apply for a policy of Insurance set forth above, and any renewals there from, 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 for.

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: _____