

## Business Insurance Application

# COMMERCIAL AUTOMOBILE INFORMATION

(This is a general application. Particular States may require additional information or requirements)

**Must be submitted in conjunction with a BOP application**

**Policy Limits:**

Liability	Personal Injury Protection*	Medical Payment*	Uninsured/Uninsured Motorists

\*Some States may have requires as to which coverage should be written.

**Vehicle Information:**

Vehicle #1	Address where garaged at night:		City where garaged:	State:	Zip Code:
Year	Make	Model	Body Type	VIN	
Cost New	Usage	Daily Mileage	Radius Driven	Comp Ded	Collision Ded
\$					

Vehicle #2	Address where garaged at night:		City where garaged:	State:	Zip Code:
Year	Make	Model	Body Type	VIN	
Cost New	Usage	Daily Mileage	Radius Driven	Comp Ded	Collision Ded
\$					

Vehicle #3	Address where garaged at night:		City where garaged:	State:	Zip Code:
Year	Make	Model	Body Type	VIN	
Cost New	Usage	Daily Mileage	Radius Driven	Comp Ded	Collision Ded
\$					

Vehicle #4	Address where garaged at night:		City where garaged:	State:	Zip Code:
Year	Make	Model	Body Type	VIN	
Cost New	Usage	Daily Mileage	Radius Driven	Comp Ded	Collision Ded
\$					

**Driver Information**

Name	DOB	Drivers License	State Licensed	Driving Record

**Optional Coverages:**

Hired/Borrowed Liability	Non-Owned Liability	Hired Physical Damage	Towing Available for Private Passenger Vehicles Only	Rental Limits should a per day rental charge
cost of hire: \$ or If any <input type="checkbox"/>	# of Employees # of Volunteers # of Partners	# of Days # of Vehicles Max. Value For Any One Vehicle:	None	\$

Do you currently have business auto insurance?

*Prior Policy*

Previous Carrier		Expiration Date	
Liability Limit	\$	UM/UIM Limit	\$
Collision Deductible	\$	Comprehensive Ded	\$
Premium	\$		

Has the company had any past losses?

*Loss History (past 3 years)*

Date	Description	Amount Paid	Status
		\$	
		\$	
		\$	

Remarks