

Business Auto Supplemental Application

Please send completed and signed form to info@GMI-Insurance.com or fax to (610) 933-4993.

Submit along with completed ACORDS 125/127/137 and 5 years of currently valued loss runs.
 Provide a detailed description of each claim exceeding \$25k.

Effective date: _____ Date quote needed: _____ Expiring Premium: _____ Check if midterm
 Do you control the auto line? Y N Are all lines packaged with the SAME carrier? Y N
 Is the incumbent offering a renewal? Y N If yes, what renewal was offered: _____ If
 no, why not: _____

APPLICANT INFORMATION

Name of Applicant/DBA: _____
 Garaging address: _____
 Mailing address: _____
 Describe your business operations: _____
 FEIN#: _____ Years in business: _____ MC#: _____ DOT#: _____
 Do you require any Federal or State filings? N Y : _____
 Do any of your vehicles require placards? N Y : _____
 What is your Radius of Operation? 0-50 miles _____ % 51-200 miles _____ % 201-500 miles _____ %
 List all states that you operate in: _____

AFFILIATES / SUBSIDIARIES

	Business Name	Address	Relationship Interest
1.	_____		
2.	_____		

FLEET SCHEDULE

	Number of Power Units Insured each Policy Term		Current Year Fleet Breakdown (How many of each?)
Proposed		PPTs	
Current		Light Trucks	
1st Prior		Med Trucks	
2nd Prior		Heavy Trucks	
3rd Prior		X-Heavy Trucks	
		Heavy Tractors	
		X-Heavy Tractors	

1. Are vehicles used in the scope of the business at least 75% of the time? N Y
2. Do you have any tank trucks/tank trailers over 3,000 gallon capacity? N Y
3. Is Symbol 1 required by contract N Y Or can we quote Symbols 7/8/9 ? N Y
4. Do vehicles have specialized equipment attached (i.e. cranes, booms, etc.)? N Y
 If yes, explain: _____
 Does the ACORD represent the stated amount for those vehicles? N Y
5. What is the Hired & Non-Owned exposure (i.e. subcontractors, 1099's, volunteers, employees using their own vehicles for business purposes, etc.)? _____
6. Is Trailer Interchange needed? N Y
 Limit: _____ Deductibles: _____ #Unit: _____ Max Value: _____
 #Days: _____ Average Value: _____

7. Annual Rental Receipts (hired auto cost): _____
 a. Average Length of Rental: _____ b. Number of Rentals per Year: _____

8. Do any of the following apply, and if so, please provide explanations below:
 Hauling for Hire Hauling of Hazardous Materials Utilize Owner/Operators
 Livery Rent Vehicles to others

Explain: _____

SAFETY AND MAINTENANCE

Do Your Driver Selection Procedures Include the Following:	
Written Application? <input type="checkbox"/> N <input type="checkbox"/> Y	Written Test? <input type="checkbox"/> N <input type="checkbox"/> Y
MVR Check? <input type="checkbox"/> N <input type="checkbox"/> Y	Physical Before Hire? <input type="checkbox"/> N <input type="checkbox"/> Y
Interview? <input type="checkbox"/> N <input type="checkbox"/> Y	Reference Checks? <input type="checkbox"/> N <input type="checkbox"/> Y
Drug Test? <input type="checkbox"/> N <input type="checkbox"/> Y If yes, how often? _____	Driving Test? <input type="checkbox"/> N <input type="checkbox"/> Y
Is the above documentation in Driver's file and kept up-to-date? <input type="checkbox"/> N <input type="checkbox"/> Y	

1. Is there a Safety Program in place? N Y If yes, is it a formal written plan? N Y
2. How often are safety meetings held? _____
3. Do you have a Safety Award program? N Y Describe: _____
4. Is there a Safety Director/Manager: N Y If yes, # of years with Firm: _____
5. Do you have any Telematics in place? N Y : _____
6. Is there a Vehicle Maintenance Program? N Y If yes, is it a formal written plan? N Y
7. Is there a Maintenance Manager? N Y If yes, # of years with Firm: _____
8. Are maintenance records kept on each vehicle? N Y
9. Are there pre-trip/post-trip inspections? N Y
10. Is there an MVR verification program? N Y
11. What is the driver turnover rate? _____ Are there part-time drivers? N Y
12. **Any drivers under 22 or over 70 years of age?** N Y *(If yes, you must also complete next page)*
13. If the fleet includes vehicles over 26K lbs GVW, do your drivers have at least 2 years of experience on their CDL license? N Y And 3 years for tractor-trailers? N Y
14. Do employees take vehicles home? N Y
15. Do you have a personal use policy in place? N Y
16. Are family members allowed to drive company vehicles? N Y
17. Is there a cell phone policy in place? N Y
18. Do you have a policy regarding Passengers? N Y
19. Are any passengers non-employees? N Y
20. Do you have a catastrophic loss mitigation and vehicle evacuation plan in the event of a storm or imminent threat to the insured vehicles? N Y

By signing this application, I affirm all the information is accurate and agree that any change to the above will be communicated to my agent or to the company immediately.

Applicant Name: _____ Applicant Signature: _____
 Title: _____ Date: _____

Agency Name: _____
 Producer Name: _____ Producer Signature: _____ Date: _____

**This page MUST be completed for each driver UNDER the age of 22 and over the age of 70.
You may duplicate this sheet if necessary.**

Driver: _____ **Hire Status:** Full Time Part Time Seasonal

Date of Birth: ___ / ___ / ____ **Driver's License Number:** _____ **License State:** _____

- a. Years of Driving Experience: _____ How often does he/she drive? _____
- b. Type(s) of vehicle(s) to be driven: _____
- c. Describe driving duties: _____
- d. Do vehicles driven weigh over 26,000 lbs. GVW? Yes No
- e. Years CDL licensed (if applicable): _____ If CDL, prior company worked for: _____

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