

To be completed and returned with Commercial Auto ACORD application

SECTION 1. BROKER AND INSURED INFORMATION

BROKER INFORMATION

Broker Firm Name:		Website:
Broker / Producers Name:	Phone:	Email:
Address:	City/St:	Zip Code:
Accounting Contact:		

APPLICANT INFORMATION

Applicant First Name Insured:		
Description of Operations:		
Website:		
Address:	City/St:	Zip Code:
Contact	Title:	
Telephone:	Fax:	Email:
Year Business Established:	FEIN:	

Website	Email
Do you have a Business Auto Policy for owned autos?	If yes, can coverage be obtained under your Business Auto Policy?
Yes No	Yes No
If no, please explain:	

II. Non-Owned Auto Liability Information

Do employees or volunteers use their autos for company business?	If so, please provide details regarding duties involved
Yes No	

For any employee, who uses their auto for business, is personal auto insurance carried with at least the minimum limits as required by state?	
Yes	No
Do you verify that personal auto insurance is in place? Yes No	
Do you obtain motor vehicle reports? Yes No	
How many employees use their personal vehicles for business? Average miles per trip?	
What is the annual cost of employee mileage reimbursement?	
Please explain what other controls you have in place to protect your company's liability?	
Number of Employees	Number of Volunteers- If any

III. Hired Auto Liability Information				
During the last three years have you leased, borrowed or hired any vehicles for your business?				
Yes No				
If you anticipate some usage this year:	What type of vehicle (trucks, cars, buses)?		What is the estimated cost to lease or hire the vehicles?	
When leasing, hiring or borrowing are the vehicles used to:	Transport participants, volunteers or staff only?			
	Yes	No		
	If yes, how many?	For how long?	Number of times per year	Distance traveled per trip

If using buses or vans, please answer each of	Maximum number of passengers each vehicle carries:		Distance traveled per trip	
	How long the vehicles will be used	Year built	Cost new	
Does the leasing company provide drivers or do you use your own?			Do you purchase liability insurance from the leasing company?	
Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds?				
Yes No				
If yes, please explain:				
What is the estimated annual cost to hire/lease all vehicles?			Do you hire vehicles for more than or less than 30 days for any one time?	

When leasing, hiring or borrowing are the vehicles used to:

Haul equipment?

Yes No

If yes, please explain and identify frequency and distance traveled per trip:

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any Person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, and insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other personal files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND ATTACHED ADDENDUM (\$) ARE TRUE AND THAT NO MATERIAL ACTS HAVE BEEN SUPPRESSED OR MISSTATED.

NOTICE TO ALL APPLICANTS: ANY PERSON WHO KNOWINGLY INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

THIS IS AN APPLICATION FOR BOTH OCCURRENCE AND CLAIMS-MADE GENERAL LIABILITY, PROPERTY, AUTOMOBILE, UMBRELLA, AND FACILITY POLLUTION POLICIES.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

Applicant:	Title:
Applicant Signature:	Date:
Agent/Broker Name:	Email Address:

Applicant Signature:

| Date: