ACORD™ BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):
	FAX (A/C, No):
CODE:	SUB CODE:
AGENCY CUSTOMER ID:	

APPLICANT (First Named Insured)

EFFECTIVE DATE	EXPIRATION DATE			PAYMENT PLAN	AUDIT
			DIRECT BILL AGENCY BILL		

FOR COMPANY USE ONLY

COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

DRIVER INFORMATION

☐ ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN. NO-FAULT	DOC	USE VEH #	% USE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			8. ANY HOLD HARMLESS AGREEMENTS?		
			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
4. ARE ANY VEHICLES LEASED TO OTHERS?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?			14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			15. HAS AGENT INSPECTED VEHICLES?		

DESCRIPTION OF GARAGE/STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS
	$

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
	ADDITIONAL INSURED					VEHICLE:
	LOSS PAYEE					SCHEDULED ITEM NUMBER:
	LIENHOLDER					OTHER
	EMPLOYEE AS LESSOR					
	OWNER					
	REGISTRANT					
		ITEM DESCRIPTION:				

REMARKS

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VEHICLE DESCRIPTION

☐ ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML		$

CITY, STATE, ZIP WHERE GARAGED	LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM

DRIVE TO WORK/SCHOOL	USE			CHECK COVERAGES											DEDUCTIBLES			
			COMM'L		ADD'L NO-FAULT		UNDRINS MOTOR		F		LSP		RENT REIMB			ACV	COMP	SPEC C OF L
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY		TOWING & LABOR		FT		COMP		FG		AA	ST AMT	$	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR		SPEC C OF L		FTW		COLL				$		$	COLL

NET VEH DR/CR: TOTAL PREM $

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM/AGE	COST NEW
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML		$

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