MISCELLANEOUS AUTO INSURANCE APPLICATION

PLEASE ANSWER ALL QUESTIONS COMPLETELY. USE TAB ONLY, NOT ENTER

Agent: _____ Proposed Effective Date: _____

A. GENERAL APPLICANT INFORMATION

Applicant's Name (Including DBA): _____

_____

Contact Person: _____ Phone#: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website *(required)*: _____

1. Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other: _____
2. Applicant is: ☐ Independent or ☐ a Franchisee Franchise Name: _____
3. Do you need to request an Additional Insured added to the policy? ☐ Yes ☐ No
   Provide the Additional Insured exact Name: _____
   Address: _____
4. Number of years you have owned the business: _____
5. Have you owned a similar business or had any change in ownership, management or name of your current business during the past 5 years? ☐ Yes ☐ No If yes, please explain: _____
6. Is your business a subsidiary of another entity or does your business have any subsidiaries? ☐ Yes ☐ No

   If yes, provide details: _____
7. Total number of locations: _____
8. List complete addresses for all locations to be scheduled on the policy. Attach extra page if there are more than 5:

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

B. COVERAGES REQUESTED

☐ **Hired and Non-Owned Liability Limits:** ☐ $100,000 ☐ $300,000 ☐ $500,000 ☐ $1,000,000 ☐ $1,500,000

☐ **Excess Auto Lability** *(Available only if there is an underlying policy placed with a Best Rated A-VII or better carrier. $1,500,000 maximum available)*

Do you want excess coverage for Owned autos? ☐ Yes ☐ No If so, how many autos do you own? _____

Provide detailed schedule of vehicles.

Is primary policy an auto policy or a general liability policy with HNOA included? ☐ Auto ☐ General Liability

Name of the primary insurance company: _____

Limit of Liability afforded on the primary policy $_____ What excess limit would you like? $_____

C. OPERATIONS FOR ALL LOCATIONS

1. Describe ***completely*** how Hired & Non-Owned Autos are used: _____

   _____
2. Number of Drivers (Employed and Contracted): _____ **MUST PROVIDE MVR'S OF ALL DRIVERS FOR A QUOTE**
3. Are your drivers over the road the entire work day? ☐ Yes ☐ No
4. If not, how many hours does each driver spend over the road per day? _____
5. Do you ever provide passenger transportation? ☐ Yes ☐ No If yes, please explain: _____
6. Do you rent autos? ☐ Yes ☐ No If yes, what type? _____ How many days per year? _____
7. What is the minimum age of drivers? _____
8. How many of the drivers are over 21 years old? _____
9. Do all of your drivers have at least two years driving experience? ☐ Yes ☐ No

10. What auto liability limits are the drivers required to maintain? _____

11. Do you subscribe to an MVR service that monitors MVR's year-round and provides real time updates? ☐ Yes ☐ No

12. Do you forbid drivers to be accompanied by passengers other than your employees? ☐ Yes ☐ No

13. Are all autos driven inspected regularly to meet the state's safety requirements? ☐ Yes ☐ No

14. Provide copy of your company's safety protocol literature in reference to delivery such as training, periodic meetings, reward and penalty systems, Driver Safety Program, etc.

15. What type of autos are used and how many?

☐ Private Passenger How many? _____
☐ Pick Ups/Vans How many? _____
☐ Light Trucks How many? _____
☐ Medium Trucks How many? _____
☐ Heavy Trucks How many? _____
☐ Extra Heavy Trucks How many? _____
☐ Tractors How many? _____
☐ Trailers How many? _____

16. What is applicant's driving radius? _____

17. What is your service area going to be in the coming year (Cities/Counties/States)? _____

_____

18. What plans do you have to expand beyond this area in the coming year? _____

_____

D. PRIOR AUTO INSURANCE CARRIERS AND LOSS EXPERIENCE *(Add additional sheets if necessary)*

Policy Dates	Insurance Carrier	Policy #	Premium	*Total Auto Liability Claims		Cancelled or Non-Renewed? (Reason)
				#		
				#		
				#		
				#		
				#		
*5 Years of loss runs are required, please attach. Please also describe any open claims:						

E. AGREEMENTS AND SIGNATURES

APPLICATION MUST BE SIGNED ON FINAL PAGE

FRAUD WARNING STATEMENTS

THIS NOTICE IS PART OF YOUR APPLICATION FOR:

Please read the fraud warning statement applicable to your state. If your state is not shown, refer to the GENERAL FRAUD WARNING STATEMENT.

GENERAL FRAUD WARNING STATEMENT: Any person who knowingly and with intent to defraud any insurance company or other person 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 and subjects that person to criminal and/or civil penalties.

The fraud warnings listed below are applicable in the states of AL, AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, KA, KY, LA, ME, MD, MN, NH, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV. Please review the appropriate fraud warning relevant to the state that you reside in prior to submitting your claim.

Alabama: 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 restitution fines or confinement in prison, or any combination thereof.

Alaska: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND and WEST VIRGINIA: 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.

California: 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.

Colorado: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Maine: 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.

Maryland: 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.

Minnesota: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: 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.

Ohio: 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.

Oklahoma: 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.

Oregon: 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 thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: 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.

TENNESSEE, VIRGINIA and **WASHINGTON:** 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.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT: I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. THE APPLICATION ALONE DOES NOT BIND COVERAGE.

Digital signatures, e-signatures, and DocuSign require the certificates of completion in order to be accepted.

Applicant's Signature: _____ Agent's Signature: _____

PRINT Applicant Name: _____ PRINT Agent Name: _____

Applicant Title: _____ Agent's Email/Phone #: _____

Date: _____ Date: _____