



Business Auto Application

Phone # 888-495-4950
Fax # 888-997-9970
P.O. Box 8010
Goldsboro, NC 27533-8010

Policy Number: _____

Producer Code		
Phone:		
Name:		
Address:		
City:		
State:		Zip Code:

Insured:		
DBA:		
Address:		
City:		
State:		Zip Code:

TYPE OF OWNERSHIP OF BUSINESS: (CHECK ONE)
☐ INDIVIDUAL ☐ PARTNERSHIP (ALL OTHER)
☐ PARTNERSHIP (MARRIED COUPLE) ☐ CORPORATION

Policy Period	From	To
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QUESTIONS OR STATEMENTS

(1) DESCRIBE BUSINESS OPERATIONS:		
(2) WHAT TYPES OF GOODS HAULED:		
(3) ARE ANY VEHICLES USED TO TRANSPORT PEOPLE?	YES	NO
(4) WHAT IS THE RADIUS OF OPERATION?		
(5) LIST LARGEST CITIES ENTERED IN EACH STATE		
(6) DID ANY VEHICLE OPERATE OUTSIDE THE RADIUS WITHIN THE LAST 12 MONTHS? IF YES, EXPLAIN	YES	NO
(7) DOES USE OF VEHICLE(S) EXTEND BEYOND THE BORDER OF NORTH CAROLINA?	YES	NO
(8) ARE THERE ANY STATE FILINGS REQUIRED? IF YES, INDICATE STATES AND TYPE OF FILINGS NEEDED	YES	NO
(9) DO YOU HOLD FEDERAL MOTOR CARRIER AUTHORITY? IF YES, DOCKET# MC#	YES	NO
(10) DO YOU REQUEST A FEDERAL FILING?	YES	NO
(11) IS ANY SPECIAL FILING REQUIRED SUCH AS OVERSIZED, OVERWEIGHT, CITY OR HAZARDOUS PERMIT? IF YES, GIVE DETAILS	YES	NO
(12) TOTAL NUMBER OF VEHICLE(S) OWNED BY INSURED _____		
(13) ARE ANY VEHICLE(S) LEASED TO OTHERS?	YES	NO
(14) ARE ANY VEHICLES USED TO HAUL FOR OTHERS? IF YES, PLEASE SPECIFY UNIT#	YES	NO
(15) WITH THE EXCEPTION OF LIENHOLDERS, ARE ALL VEHICLES OWNED SOLELY BY AND REGISTERED TO THE APPLICANT? IF NO, EXPLAIN	YES	NO
(16) ARE ANY VEHICLES CUSTOMIZED, ALTERED, OR HAVE SPECIAL EQUIPMENT? IF YES, EXPLAIN OR ATTACH DESCRIPTION	YES	NO
(17) WHAT IS THE ESTIMATED COST OF HIRE? (FOR HIRED AUTO COVERAGE) _____		
(18) WHAT IS THE TOTAL NUMBER OF EMPLOYEES? (FOR NONOWNED LIABILITY) _____		
(19) NUMBER OF TRANSPORT TAGS OR ANY UNASSIGNED LICENSE TAGS _____		Attach Plate Numbers

COVERAGE	LIMITS OF LIABILITY	PREMIUM
LIABILITY		
AUTO MEDICAL PAYMENTS		
UM / UIM		
COMPREHENSIVE		
COLLISION		
HIRED AUTO		
NONOWNED LIABILITY		
GARAGEKEEPER LEGAL LIABILITY		
SPECIFIED PERILS DEDUCTIBLE		
COLLISION DEDUCTIBLE		
TOTAL PREMIUM		

BUSINESS AUTO SCHEDULE

Policy Number: _____

VEH#	YEAR	TRADE NAME-BODY	VIN #	LOADED GVW	SEATING CAPACITY

VEH#	STATED AMOUNT	DEDUCTIBLES		GARAGING LOCATION	RADIUS
		COMPREHENSIVE	COLLISION		

LOSS PAYEE

VEH#	NAME, ADDRESS CITY, STATE, ZIP

DRIVER INFORMATION

DRIVER #	NAME DATE OF BIRTH DRIVER LICENSE NUMBER & STATE	DESCRIPTION OF VIOLATIONS & ACCIDENTS (PAST 3 YEARS)	MVR VERIFIED YES/NO	
			YES	NO
			YES	NO
			YES	NO
			YES	NO

PREVIOUS INSURANCE AND LOSS EXPERIENCE

POLICY PERIOD		INSURANCE CARRIER	POLICY #	NUMBER OF ACCIDENTS	TOTAL AMOUNT PAID BI	TOTAL AMOUNT PAID PD	RESERVES BI	RESERVES PD
FROM	TO							
FROM	TO							
FROM	TO							
FROM	TO							

APPLICANT PLEASE READ

I HEREBY DECLARE THAT ALL THE REPRESENTATIONS CONTAINED HEREIN ARE TRUE AND THAT THESE REPRESENTATIONS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. I UNDERSTAND AND AGREE THAT THE INSURANCE COMPANY MAY RELY ON THIS APPLICATION AND THE INFORMATION CONTAINED IN MY DRIVING RECORD AND THE DRIVING RECORDS OF THE OTHER OPERATORS, SAID DRIVING RECORDS I NOW GRANT THE INSURANCE COMPANY PERMISSION TO OBTAIN. I UNDERSTAND THAT THE POLICY WILL BE NULL AND VOID IF THE CHECK PRESENTED TO THE AGENT, BROKER, MGA OR COMPANY FOR THE INITIAL POLICY IS RETURNED BY THE FINANCIAL INSTITUTION FOR ANY REASON. I FURTHER UNDERSTAND THE INSURANCE PREMIUMS FOR THE ABOVE COVERAGE ARE SUBJECT TO CHANGES BASED ON THE SAID DRIVING RECORDS. I UNDERSTAND AND AGREE THAT IF THE REPRESENTATIONS CONTAINED HEREIN ARE FALSE OR MISLEADING, SAID MISREPRESENTATIONS SHALL BE DEEMED MATERIAL AND MAY RESULT IN CANCELLATION OF THIS POLICY AND DENIAL OF ALL OR PART OF THE COVERAGE PROVIDED IN THE POLICY FOR WHICH I AM APPLYING.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICANT'S SIGNATURE**DATE****TIME****PRODUCER'S SIGNATURE**



**SELECTION / REJECTION FORM
UNINSURED MOTORIST COVERAGE
COMBINED UNINSURED / UNDERINSURED MOTORIST COVERAGE**

Uninsured Motorist Coverage (UM) and Combined Uninsured / Underinsured Motorist Coverage (UM/ UIM) and coverage options are available to me. I understand that:

1. The UM and UM/UIM limits shown for vehicles on this policy may not be added to determine the total amount of coverage provided.
2. UM and UM/UIM bodily injury limits up to \$1,000,000 per person and \$1,000,000 per accident are available.
3. UM property damage limits up to the highest policy property damage liability limits are available. Coverage for property damage is applicable only to damages caused by uninsured motor vehicles.
4. My selection or rejection of coverage below will apply to any renewal, reinstatement, substitute, amendment, altered, modified, transfer or replacement policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.
5. My selection or rejection of coverage below is valid and binding on all insured and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.

(CHOOSE ONLY ONE OF THE FOLLOWING)

- ☐ I choose to reject combined Uninsured/Underinsured Motorist and select Uninsured Motorist coverage at all limits of Bodily Injury _____ ; Property Damage _____
- ☐ I choose combined Uninsured/Underinsured Motorist Coverage at all limits of Bodily Injury _____ ; Property Damage _____
- ☐ I choose to reject both Uninsured and Combined Uninsured/Underinsured Motorist Coverage

Named Insured _____

Policy # _____

Signature of Insured _____

Signature of Producer _____

Date _____