



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE

PRODUCER	PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER
	POLICIES OR PROGRAM REQUESTED			
	INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	GARAGE AND DEALERS
CODE:	SUB CODE:	PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE
AGENCY CUSTOMER ID		GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION
		CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA
		TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER	

STATUS OF SUBMISSION

PACKAGE POLICY INFORMATION

QUOTE	ISSUE POLICY	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
DATE	TIME			DIRECT BILL	
	AM			AGENCY BILL	
	PM				AUDIT

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Ins):	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
		PHONE (A/C, No, Ext):			
INDIVIDUAL	CORPORATION	SUBCHAPTER "S" CORPORATION	NOT FOR PROFIT ORG	CR BUREAU NAME	ID NUMBER
PARTNERSHIP	JOINT VENTURE	LIMITED CORPORATION			YEAR BUS STARTED
INSPECTION CONTACT		PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT		PHONE (A/C, No, Ext):

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
			INSIDE	OWNER		
			OUTSIDE	TENANT		
			INSIDE	OWNER		
			OUTSIDE	TENANT		
			INSIDE	OWNER		
			OUTSIDE	TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
4. ANY CATASTROPHE EXPOSURE?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO					

REMARKS

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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY OCCURRENCE INJURY AGGREGATE																
	PROPERTY OCCURRENCE DAMAGE AGGREGATE																
	COMBINED SINGLE LIMIT																
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY EA PERSON INJURY EA ACCIDENT																
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
	PROPERTY	CARRIER															
POLICY NUMBER																	
POLICY TYPE																	
EFF-EXP DATE																	
BUILDING AMT																	
PERS PROP AMT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)										CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM				DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS		
									OPEN		
									CLOSED		
									OPEN		
									CLOSED		
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY											

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.



NORTH CAROLINA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)	FACILITY CODE:
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	1 4 9	CSL BI EA PER \$				
	2 7	BI EACH ACCIDENT \$				
	3 8	PROPERTY DAMAGE \$				
PHYSICAL DAMAGE <i>*Include the Fire District name and code # if fire or comprehensive coverage is provided</i>						
			TOWING & LABOR	3 7	\$	
			COMPREHENSIVE*	2 4 8		
				3 7		
MEDICAL PAYMENTS	2 4 8 3 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS*	2 4 8 3 7		
UNINSURED MOTORIST	2 6	CSL BI EA PER \$	COLLISION	2 4 8		
	3 7	BI EACH ACCIDENT \$		3 7		
	4	PROPERTY DAMAGE \$				
UNINSURED/ UNDERINSURED MOTORIST	2 6	CSL BI EA PER \$				
	3 7	BI EACH ACCIDENT \$				
	4	PROPERTY DAMAGE \$				
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE	
NON-OWNED LIABILITY	STATES	GROUP TYPE		NUMBER OF	COMP \$	
		EMPLOYEES			SPEC C OF L \$	
		VOLUNTEERS			COLL \$	
		PARTNERS		COVERAGES IS:	PRIMARY SECONDARY	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW		(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS		

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE <i>*Include the Fire District name and code # if fire or comprehensive coverage is provided</i>				
			COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE	
LIABILITY	41 46	CSL BI EA PER \$	COMPREHENSIVE*	42 46			
	42 47	BI EACH ACCIDENT \$		43 47			
	43 50	PROPERTY DAMAGE \$					
			SPECIFIED CAUSES OF LOSS*	42 46 43 47	SCL FT LSP F FTW		
			COLLISION	42 46 43 47			
MEDICAL PAYMENTS	42 46 43	EACH PERSON \$		TOWING & LABOR	46		
UNINSURED MOTORIST	42 46	CSL BI EA PER \$	TRAILER INTERCHANGE <i>*Include the Fire District name and code # if fire or comprehensive coverage is provided</i>				
	43	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	STATE # DAYS RADIUS DEDUCTIBLE	
	45	PROPERTY DAMAGE \$	48				
UNINSURED/ UNDERINSURED MOTORIST	42 46	CSL BI EA PER \$	COMPREHENSIVE*	49			
	43	BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS*	48			
	45	PROPERTY DAMAGE \$	49				
NON-TRUCKERS HIRED/BORROWED	STATES	COST OF HIRE \$ IF ANY BASIS	COLLISION	48 49			
HIRED/BORROWED LIABILITY	STATES	COST OF HIRE \$ IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES # DAYS # VEH	COVERAGES/DEDUCTIBLE		
NON-OWNED LIABILITY	STATES	GROUP TYPE		NUMBER OF	COMP \$		
		EMPLOYEES			SPEC C OF L \$		
		VOLUNTEERS			COLL \$		
		PARTNERS		COVERAGES IS:	PRIMARY SECONDARY		
OTHER			OTHER				
COVERED AUTO SYMBOLS	(41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY	(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY			

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE						
					*Include the Fire District name and code # if fire or comprehensive coverage is provided						
					COVERAGES	AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	61	67	CSL	BI EA PER \$	COMPREHENSIVE*	62	67				\$
	62	68		BI EACH ACCIDENT \$		63	68				
	63	71		PROPERTY DAMAGE \$		64					
	64										
					SPECIFIED CAUSES OF LOSS*	62	67	SCL	FT	LSP	\$
						63	68	F	FTW		
						64					
					COLLISION	62	67				\$
						63	68				
						64					
MEDICAL PAYMENTS	62	64		EACH PERSON \$	TOWING & LABOR	63					\$
	63	67				67					
UNINSURED MOTORIST	62	66	CSL	BI EA PER \$	TRAILER INTERCHANGE						
	63	67		BI EACH ACCIDENT \$	*Include the Fire District name and code # if fire or comprehensive coverage is provided						
	64			PROPERTY DAMAGE \$	COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
					COMPREHENSIVE*	69					
UNINSURED/ UNDERINSURED MOTORIST	62	66	CSL	BI EA PER \$		70					
	63	67		BI EACH ACCIDENT \$	SPECIFIED CAUSES OF LOSS*	69					
	64			PROPERTY DAMAGE \$		70					
NON-TRUCKERS HIRED/BORROWED	STATES		COST OF HIRE \$	IF ANY BASIS	COLLISION	69					\$
						70					
HIRED/BORROWED LIABILITY	STATES		COST OF HIRE \$	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE		
										COMP	\$
										SPEC	\$
										COLL	\$
NON-OWNED AUTO LIABILITY	STATES		GROUP TYPE	NUMBER OF		COVERAGE IS:		PRIMARY	SECONDARY		
			EMPLOYEES								
			VOLUNTEERS								
			PARTNERS								
OTHER					OTHER						

ENDORSEMENTS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM OR UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM OR UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM/UIM BI, UMBI, AND/OR UM, PD OR UM/UIMPD COVERAGES ENTIRELY.

1. I SELECT THE UM/UIM BI AND/OR PD LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT UIM BI COVERAGE. _____ (INITIALS)
3. I REJECT UIM PD COVERAGE. _____ (INITIALS)
4. I REJECT UM/UIM BI AND PD COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
5. I REJECT ONLY UM/UIM PD COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE
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ACORDTM BUSINESS AUTO SECTION

DATE

PRODUCER		PHONE (A/C, No, Ext):		APPLICANT (First Named Insured)				
EFFECTIVE DATE		EXPIRATION DATE		DIRECT BILL		PAYMENT PLAN		AUDIT
				AGENCY BILL				
CODE:		SUB CODE:		FOR COMPANY USE ONLY				
AGENCY CUSTOMER ID:								

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	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?		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
4. ARE ANY VEHICLES LEASED TO OTHERS?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			14. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			15. HAS AGENT INSPECTED VEHICLES?		
				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					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

REMARKS

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	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$	COLL	\$	

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	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$	COLL	\$	

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	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$	COLL	\$	

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	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$	COLL	\$	

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	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$	COLL	\$	

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	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$	COLL	\$	

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	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$		TOTAL PREM
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$	COLL	\$	



**Property & Inland Marine Division
Hired & Non Owned Auto Questionnaire**

MUST BE COMPLETED FOR ALL AUTO POLICIES

Named Insured : _____

1. Do you own or lease vehicles? YES NO

2. Do your employees or volunteers **ever** use their personal vehicles on behalf of your business to transport residents? YES NO

3. Are you providing any in-home care services to non-owned residences or facilities? YES NO

4. **Hired Auto Liability**
 Does your annual vehicle rental expense exceed \$2,500? YES NO
If yes, what is your annual vehicle rental expense? _____

5. **Non-owned Auto Liability**
 a. Total number of: _____ **employees** _____ **volunteers**
 b. Complete the following chart, indicating number of employees and volunteers that **use their personal vehicles on behalf of your organization.**

Type of Usage	Number of Employees with Daily or Weekly Usage	Number of Volunteers with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other – Please Explain:			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

6. Does your organization prohibit employees and volunteers from driving on your behalf if their MVR indicates any of the following:

a. More than 2 moving violations and/or accidents within a 3-year period YES NO

b. Major violations during the past 5 years. They include, but are not limited to, careless or reckless driving, DUI, DWI, OWI, OUI, leaving the scene of an accident, fleeing/eluding a police officer, manslaughter/homicide or assault through use of a motor vehicle, or any felony driving convictions. YES NO

Comments: _____

Completed by: _____ Date completed: _____

ACORD™ ADDITIONAL INTEREST

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured)	PHONE (A/C, No, Ext):
CODE:	SUB CODE:	EFFECTIVE DATE	EXPIRATION DATE CO/PLAN
AGENCY CUSTOMER ID		POLICY NUMBER:	
		ACCOUNT NUMBER:	

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE: BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE: BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

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<input type="checkbox"/> ADDITIONAL INSURED					LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE: BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

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<input type="checkbox"/> ADDITIONAL INSURED					LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE: BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
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