|  |  |
| --- | --- |
| C:\Users\lwang\SkyDrive\Athos Internal\Logos\AMG-Athos-LogoDevelopment-v2-01.png | Commercial Auto Insurance Application |

Applicant/Company Name:

Entity Type (please check):

Individual Partnership LLC Corporation Non-profit Other

Mailing Address (incl. city, state & zip):

City:       State:       Zip Code:

Contact First Name:       Contract Last Name:

Role:

Phone:       Email:

Do you currently have an auto insurance carrier?  YES  NO

If yes, what is the Carrier Name?      What is the policy expiration date?

Have you had any auto insurance related claims in the last 5 years?  YES  NO

If Yes, please describe:

**DRIVER INFORMATION** (please complete the below entirely):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Driver Name | Marital Status  S= Single M=Married  D=Divorced | Date of Birth | License Number | Violations/accidents in the last 3 years? |
|  | S  M  D |  |  | YES  NO |
|  | S  M  D |  |  | YES  NO |
|  | S  M  D |  |  | YES  NO |
|  | S  M  D |  |  | YES  NO |

**VEHICLE INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Make/Model/Body Type | VIN # | Value | Gross Weight lb | Radius of Operations (miles) |
|  |  |  |  |  | <50  50-100  >100 |
|  |  |  |  |  | <50  50-100  >100 |
|  |  |  |  |  | <50  50-100  >100 |
|  |  |  |  |  | <50  50-100  >100 |

**LENDER OR LOSS PAYEE INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vehicle & Account # | Lender Name | Lender Address | Loss Payee | Additional Insured |
|  |  |  | YES  NO | YES  NO |
|  |  |  | YES  NO | YES  NO |
|  |  |  | YES  NO | YES  NO |
|  |  |  | YES  NO | YES  NO |

Special Filing Requirements (Check all that apply):

MCP-65 CA #       Other:

Please check if you wish us to quote the following. If you select an option, please answer the corresponding questions:

**Non-Owned & Hired Auto Liability** (Liability for autos that you rent or use on behalf of your business that not owned by the corporation)

If checked, please select the limits you desire (some programs may only have a $1,000,000 option):

$150,000

$500,000

$1,000,000

Does your organization own or lease (long-term) vehicles?  YES  NO

Do employees or volunteers regularly use their autos for company business?  YES  NO

If yes, Please explain:

Do you verify that insurance is in place with limits of at least $300,000 before employees or volunteers

can use their vehicle?  YES  NO

Number of Volunteers (Driving Personal Autos):

Total # of Employees:

Do you hire or rent vehicles for your off site projects? ☐ YES ☐ NO

If yes, please describe vehicle types, estimated number, duration and usage:

Are any vehicles provided/donated for your use as a part of a sponsorship or promotional agreement?

☐ YES ☐ NO

**Non-Owned & Hired Auto Physical Damage** (Physical Damage for autos that you rent or use on behalf of your business that not owned by the corporation)

If checked, please select the limits you desire (some programs may vary their starting options):

$125,000

$250,000

$500,000

Please review the below statement and sign and date below if you confirm:

I confirm that all the above information is accurate and true to the best of my knowledge. I understand that any misrepresentations or falsified information may make my coverage null and void in the future.

Completed By:       Date:

Title:

|  |  |
| --- | --- |
| C:\Users\kwong\SkyDrive\Athos Internal\Logos, Letters & Envelope Templates\PrintLogo.png | **m: P.O. Box 61102, Pasadena, CA 91116**  **p: 626-716-9800 f: 626-701-5047**  **e: service@athosinsurance.com**  **lic #: 0H94681** |