



AGENCY CUSTOMER ID:

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

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.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES					Y / N		
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?							
VEH #	NAME OF OTHER OWNER		VEH #	NAME OF OTHER OWNER			
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?							
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?							
4. ARE ANY VEHICLES LEASED TO OTHERS?							
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)							
VEH #	DESCRIPTION		COST \$	VEH #	DESCRIPTION		COST \$
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)							
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?							

GENERAL INFORMATION (continued)**EXPLAIN ALL "YES" RESPONSES**

8. ANY HOLD HARMLESS AGREEMENTS? _____ Y / N _____

9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY. _____

10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS? _____

11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? _____

12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? _____

13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? _____

14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?

APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:

1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or
2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.

DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV

15. HAS AGENT INSPECTED VEHICLES? _____

16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? _____

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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____
			REFERENCE / LOAN #: _____		
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/>	LOSS PAYEE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE: _____	INTEREST IN ITEM NUMBER VEHICLE: _____ LOCATION: _____
			REFERENCE / LOAN #: _____		

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

AGENCY CUSTOMER ID: _____

VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:				BODY TYPE:				VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL:				V.I.N.:				PP	SPEC	COLM						
GARAGING ADDRESS		STREET (Required in KY)				CITY				COUNTY				STATE	ZIP	
LIC STATE	TERR		GVW / GCW		CLASS		SIC		FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW	
USE PLEASURE FARM	COMM'L RETAIL SERVICE	FOR HIRE LIAB NO-FAULT	CHECK COVERAGE S	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP/ OTC COLL	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	\$	COMP/ OTC \$	SPEC C OF L COLL			
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$										
VEH #	YEAR	MAKE:				BODY TYPE:				VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL:				V.I.N.:				PP	SPEC	COLM						
GARAGING ADDRESS		STREET (Required in KY)				CITY				COUNTY				STATE	ZIP	
LIC STATE	TERR		GVW / GCW		CLASS		SIC		FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW	
USE PLEASURE FARM	COMM'L RETAIL SERVICE	FOR HIRE LIAB NO-FAULT	CHECK COVERAGE S	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP/ OTC COLL	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	\$	COMP/ OTC \$	SPEC C OF L COLL			
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$										
VEH #	YEAR	MAKE:				BODY TYPE:				VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM	
MODEL:				V.I.N.:				PP	SPEC	COLM						
GARAGING ADDRESS		STREET (Required in KY)				CITY				COUNTY				STATE	ZIP	
LIC STATE	TERR		GVW / GCW		CLASS		SIC		FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL			COST NEW	
USE PLEASURE FARM	COMM'L RETAIL SERVICE	FOR HIRE LIAB NO-FAULT	CHECK COVERAGE S	ADD'L NO-FAULT MED PAY UNINS MOTOR	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW	LSP COMP/ OTC COLL	RENT REIMB FG	DEDUCTIBLES AA	ACV ST AMT	\$	COMP/ OTC \$	SPEC C OF L COLL			
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR/CR:		TOTAL PREM: \$										

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, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

PRODUCER'S SIGNATURE					PRODUCER'S NAME (Please Print)						STATE PRODUCER LICENSE NO (Required in Florida)		
APPLICANT'S SIGNATURE						DATE			NATIONAL PRODUCER NUMBER				