

COMMERCIAL VEHICLE APPLICATION

SUTTER Insurance Company

SUBMIT TO:

GENERAL

1. Name of applicant _____ ☐ Individual ☐ Partnership ☐ Corporation
(As appears on state permits)
2. Mailing address _____
Street Address City County State Zip
3. Applicant's business _____ Years in business _____
4. Principal garaging location/
other terminals _____ Phone Number _____
5. Date coverage desired _____
6. Estimated financial worth \$ _____ Gross receipts/last year \$ _____ Estimated next year \$ _____

OPERATION
DETAILS

1. Does applicant haul for hire? _____ If yes, what is DMV filing #? _____
2. What is Applicants ICC File No.? _____ Are all vehicles owned or operated by the Insured listed on reverse? _____
3. List all cargo _____
4. Does applicant own cargo? _____ If not, who owns it? _____
5. Does applicant rent or lease equipment to others? ☐ Yes ☐ No
6. Does Applicant Hire Equipment? _____ If yes, what is estimated cost of hire? _____
7. Does Applicant use any sub-haulers? ☐ Yes ☐ No
8. What is applicant's maximum radius of operation? _____ What are the largest cities traveled
through _____
_____ List all states vehicles are operated in _____

LOSSES
HISTORY

PRIOR CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS

From		To		Company Name	Policy #	Liability Losses		Physical Damage Losses	
M	Yr	M	Yr			Number	Amount	Number	Amount

Has insurance been cancelled or refused by any company in last 3 years? ☐ Yes ☐ No
Explain _____

DRIVER
INFORMATION

DRIVER'S FULL NAME	Date of Birth	State	Driver's License Info. License No.	No. Yrs. Comm'l Driving	No. Yrs. Empl. By Applicant	No. of Accidents Last 3 Yrs.	No. of Minor Violations Last 3 Yrs.	No. of Major Violations Last 3 Yrs.

ADDITIONAL INFORMATION

1. Does applicant employ drivers under age 25? ☐ Yes ☐ No
2. Do drivers hold class A or B driver's license? ☐ Yes ☐ No
3. Number of drivers employed for under 1 year _____
4. Are driving records checked and ordered on new drivers at or prior to employment? ☐ Yes ☐ No

Thank you for considering Sutter Insurance Company as your Insurance Carrier. As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Depending on size and use, the California Department of Motor Vehicles requires that certain commercial autos carry limits of liability up to \$750,000. The applicant hereby acknowledges that he is aware of such requirements and represents that the limits being applied for on this application are in compliance with Department of Motor Vehicle Regulations.

LIMITS OF LIABILITY: LIABILITY \$ _____ EACH ACCIDENT _____ COMBINED SINGLE LIMIT _____ MEDICAL PAYMENTS \$ _____ UNINSURED MOTORIST \$ _____ EACH ACCIDENT _____

SPLIT LIABILITY LIMIT: BODILY INJURY LIABILITY EACH PERSON: \$ _____ BODILY INJURY EACH ACCIDENT: \$ _____ PROPERTY DAMAGE: \$ _____

UNIT NO.	YEAR MODEL	TRADE NAME	BODY TYPE	SERIAL NUMBER	GROSS VEHICLE WEIGHT	ISO TERRITORY	OTHER
1.							
2.							
3.							
4.							
5.							

IF PHYSICAL DAMAGE COVERAGES DESIRED, COMPLETE SPACES BELOW IN DETAIL FOR EACH RESPECTIVE UNIT ABOVE:						LIENHOLDERS
UNIT NO.	DATE PURCHASED MO YR	PURCHASED NEW / USED	AMOUNT OF INSURANCE	SPECIFIED PERILS DEDUCTIBLE	COLLISION DEDUCTIBLE	
1.						
2						
.3.						
4.						
5.						

NOTICE TO APPLICANT

By my signature I hereby apply for a policy of Insurance set forth above on the basis of statements contained herein. He further declares that the facts stated herein to be true and requests the company to issue the Insurance policy and any renewals thereof in reliance hereon. I understand that the Insurance applied for will exclude coverage for Physical Damage on vehicles being operated by drivers under the age of 25 years old, that are not listed in this application or reported to the company by subsequent written notice, and vehicles rented or leased without drivers. I understand that no insurance shall be effective until the company, or its authorized representative approves this application.

NOTICE TO BROKER

By my signature I hereby declare that all limitations and exclusions contained in the Insurance being applied for have been reviewed with and explained to the applicant.

Name of Producing Broker: _____

Address: _____

City: _____

Signature of Broker: _____ Date: _____