

## Y-Risk Early-Stage Business Application – General Liability & Commercial Auto

This application is designed for on-demand, sharing, and gig economy companies that have been operational for fewer than 3 years and have annual or projected revenues of less than \$3MM dollars (gross)

### Section 1 – Company Information

Company name: (the applicant)			
Primary street address:			
City / state / zip:			
Date business established:	Geography of operations:		
Description of operations:			
Website:			
Are your Terms of Service consistent across all interfaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please describe how users accept the terms of service?	<input type="checkbox"/> Clickwrap	<input type="checkbox"/> Browsewrap	
	<input type="checkbox"/> Other, please describe:		
Are any other legal agreements used in your day-to-day business:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please describe:			

Revenue:	Year	Total (gross):	Independent contractor allocation:	
Most recent full year end (actual):		\$		%
Current year end (projected):		\$		%
Forecasted growth for the next 12 months:	<input type="checkbox"/> < 25%	<input type="checkbox"/> < 25-50%	<input type="checkbox"/> < 50-100%	<input type="checkbox"/> > 100%

### Section 2 – Insurance Details

Do you have current insurance coverage that extends to your platform activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details (type of coverage, limits, deductible, coverage restrictions, etc.):		
Would you like either the GL or Auto coverage to extend to your independent contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Liability (complete if requesting this coverage)		
If coverage is currently in place:	Current carrier:	
	Current expiration date:	
	Current premium / rate:	
If coverage is currently not in place:	Requested limit:	
	Special coverage requests:	



**Commercial Auto Coverage (please complete if requesting this coverage):**

Would this coverage be used as proof of insurance when registering a vehicle?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If coverage is currently in place:	Current carrier:		
	Current expiration date:		
	Includes APD coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Current premium / rate:		
If coverage is currently not in place:	Requested limit:		
	Special coverage requests:		

**Section 3 – Controls and Procedures**

Are background checks performed on platform users?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If “Yes” and you use a vendor, which one?			
Are you held harmless in the event of vendor error:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type / extent of background check:	<input type="checkbox"/> Local / County	<input type="checkbox"/> Federal	
Can approved platform users have any of the following criminal convictions in the last 7 years?	Any violent crime:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any felony:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any sexual, child abuse, or child endangerment offense:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Any terror related offense:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you conduct Motor Vehicle Record (MVR) checks on platform users?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If “Yes” and you use a vendor, which one?			
Are you held harmless in the event of vendor error:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will platform users or employees be allowed to operate a vehicle on your behalf if their MVR shows the following:			
No more than 3 minor violations (including but not limited to: traffic, parking, or moving violations) in the last 3 years		<input type="checkbox"/> Yes	<input type="checkbox"/> No
No more than 1 major violation (including but not limited to: excessive speeding, at-fault accident, distracted driving, texting while driving, reckless driving that did not result in injury or death, driving without a valid license or insurance) in the last 5 years		<input type="checkbox"/> Yes	<input type="checkbox"/> No
No driving-related convictions for DUI/DWI, hit-and-run, reckless driving that resulted in injury or death, street racing/speed contest, use of a vehicle to commit a felony, accident resulting in a fatality, etc.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you verify the identity of your platform users?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If “Yes” and you use a vendor, which one?			

Are you held harmless in the event of vendor error:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do vehicles available for use on your platform or driven on your behalf, comply with the following?	Have at least 4 doors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Can carry at least 4 but no more than 7 passengers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are less than 10 years old:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have in-state license plates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hold a valid registration:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are not marked, taxis, or salvaged:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of these items delivered on your platform?	Alcohol:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Drugs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Medication:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Or any other regulated items:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please describe:			
Any other safety measures:			

#### Section 4 – Usage Information

Telematics/app for tracking platform activity:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If "Yes" and you use a vendor, which one?				
<b>Projected Metrics:</b>	Year	Metric type (miles, deliveries, hours, etc.):	Volume	
Most recent full year end (actual):				
Current year end (projected):				
Historical prior years (if applicable)				
Next calendar year end (projected):				
Can you report monthly platform activity?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

## Y-Risk Early-Stage Business Application

The below must be submitted to proceed through the quote process.

### Additional Documentation

- ☐ Terms of Service/Use and any other legal agreement (final, attorney-reviewed version)
- ☐ Provide screenshots of the user acceptance for the Terms of Service. User acceptance must be conspicuous and unambiguous, with a single-purpose action button that says, "I accept" or "I agree." Must have a conspicuous hyperlink to the Terms of Service above the button. If the terms can be agreed to through the website and mobile app; provide screenshots for both<sup>1</sup>
- ☐ Current and projected financials for the coming year
- ☐ Currently valued carrier-issued loss runs or description of any incidents. Provide *detailed* incident descriptions for any open bodily injury claims or closed bodily injury claims >\$25,000.
- ☐ Schedule of vehicles to be covered (if requested auto coverage would be used as proof of insurance for registration)

<sup>1</sup>For terms to be offered, user acceptance criteria must show clear assent, the recipient must have clear and conspicuous notice that they are entering a contract, have the opportunity to read the applicable terms, and must affirmatively and unambiguously agree to them.

### Fraud Warning Statements

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

**Arkansas, Louisiana, Rhode Island and West Virginia applicants:** any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Alabama applicants:** any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**California applicants:** for your protection California law requires the following to appear on this form: any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado applicants:** it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia applicants:** 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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida applicants:** 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.

**Hawaii applicants:** for your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Kentucky applicants:** any person who knowingly and with intent to defraud any insurance company or other 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.



**Maryland applicants:** any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey applicants:** any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico applicants:** any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York applicants:** any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**Ohio applicants:** any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma applicants:** warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon applicants:** any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

**Pennsylvania applicants:** any person who knowingly and with intent to injure or defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading 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 such person to criminal and civil penalties, including imprisonment for up to seven years and payment of a fine of up to \$15,000.

**Maine, Tennessee, Virginia, Washington applicants:** 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.

## Arbitration Statement

**Applicable to Utah applicants:** if the policy will contain an arbitration clause: any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American arbitration association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.



Signature

**SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.**

**APPLICANT'S STATEMENT:** I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the company to issue the policy for which I am applying. (Kansas: this does not constitute a warranty).

Applicant's signature:

Applicant's name:

Applicant's title:

Date:

Producer's name:

Producer's office:

License identification  
number or national  
producer number:

*Florida producers must provide license identification number*