



AGENCY CUSTOMER ID: _____

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER			
CARRIER	NAIC CODE		

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	BROADEN NO-FAULT	DOC	USE VEH #	% USE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	<input type="checkbox"/>
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?	<input type="checkbox"/>
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	<input type="checkbox"/>
4. ARE ANY VEHICLES LEASED TO OTHERS?	<input type="checkbox"/>
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?	<input type="checkbox"/>
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?	<input type="checkbox"/>
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	<input type="checkbox"/>

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
8. ANY HOLD HARMLESS AGREEMENTS?	<input type="checkbox"/>
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	<input type="checkbox"/>
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	<input type="checkbox"/>
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	<input type="checkbox"/>
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	<input type="checkbox"/>
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	<input type="checkbox"/>
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>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.</small>	<input type="checkbox"/>
15. HAS AGENT INSPECTED VEHICLES?	<input type="checkbox"/>
DESCRIPTION OF GARAGE/STORAGE LOCATIONS	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
<input type="checkbox"/> ADDITIONAL INSURED					VEHICLE:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OWNER					
<input type="checkbox"/> REGISTRANT					
ITEM DESCRIPTION:					
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					VEHICLE:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OWNER					
<input type="checkbox"/> REGISTRANT					
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	RENT REIMB	DEDUCTIBLES		ACV	COMP	SPEC C OF L
< 15 MILES		PLEASURE		RETAIL	LIAB		MED PAY	TOWING & LABOR		FT	COMP	FG	AA		ST AMT	\$	
15 MILES +		FARM		SERVICE	NO-FAULT		UNINS MOTOR	SPEC C OF L		FTW	COLL		\$		\$	COLL	
NET VEH DR/CR:												TOTAL PREM \$					
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			
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VEH #		YEAR		MAKE:			BODY TYPE:			VEHICLE TYPE			SYM/AGE		COST NEW		
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