



COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
Submission Date

AGENCY Your Agency Name		CARRIER		NAIC CODE	
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE	
		POLICY NUMBER			
CONTACT NAME: Producer's Name		UNDERWRITER		UNDERWRITER OFFICE	
PHONE (A/C, No. Ext): Producer's Phone Number					
FAX (A/C, No): Producer's Fax Number					
E-MAIL ADDRESS: Producer's E-Mail Address					
CODE:	SUBCODE:	STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW
AGENCY CUSTOMER ID:			BOUND (Give Date and/or Attach Copy):		
			<input type="checkbox"/> CHANGE DATE	<input type="checkbox"/> TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
			<input type="checkbox"/> CANCEL		

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO	\$
BOILER & MACHINERY	\$	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER	\$
BUSINESS AUTO	\$	GARAGE AND DEALERS	\$	UMBRELLA	\$
BUSINESS OWNERS	\$	GLASS AND SIGN	\$	YACHT	\$
COMMERCIAL GENERAL LIABILITY	\$	INSTALLATION / BUILDERS RISK	\$		\$
CRIME / MISCELLANEOUS CRIME	\$	OPEN CARGO	\$		\$
DEALERS	\$	PROPERTY	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
05/01/2018	05/01/2019	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) ABC Restaurant, Inc 120 A Street Sacramento, CA 95828				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #: 1-800-123-4567			
				WEBSITE ADDRESS If any			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: Tiffany Timber		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
1-800-123-4567			
PRIMARY E-MAIL ADDRESS: If any		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS: If any		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
01	120 A Street	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	3	500,000
BLD #	CITY: Sacramento	STATE: CA	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: 2,000 SQ FT
	COUNTY:	ZIP: 95828		2	OPEN TO PUBLIC AREA: 1,400 SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input checked="" type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	05/01/2004
DESCRIPTION OF PRIMARY OPERATIONS					
Restaurant with 90% food sales & 10% liquor sales.					
Operating Hour 11 am to 10 pm					
All the vehicles are registered to the company (Are all the vehicle registered to the company?)					
No personal use of the vehicles (Any personal use of the vehicle? If yes, what is the %?)					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	If any					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:				E-MAIL ADDRESS:			

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input checked="" type="checkbox"/> SAFETY MANUAL	<input checked="" type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input checked="" type="checkbox"/> SAFETY POSITION	<input checked="" type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
17-18	CARRIER		Hartford		
	POLICY NUMBER				
	PREMIUM	\$	\$ 4500	\$	\$
	EFFECTIVE DATE		05/01/2017		
	EXPIRATION DATE		05/01/2018		

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
16-17	CARRIER		Hartford		
	POLICY NUMBER				
	PREMIUM	\$	\$ 3900	\$	\$
	EFFECTIVE DATE		05/01/2016		
	EXPIRATION DATE		05/01/2017		
15-16	CARRIER		Hartford		
	POLICY NUMBER				
	PREMIUM	\$	\$ 38000	\$	\$
	EFFECTIVE DATE		05/01/2015		
	EXPIRATION DATE		05/01/2016		

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST 3 YEARS TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N
		If any or loss run					

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: 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.

Applicable in Florida and Oklahoma: 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 (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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

AGENCY CUSTOMER ID: _____



BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

AGENCY		CARRIER			NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)			
	05/01/2018	ABC Restaurant, Inc			

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 DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	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
01	Henry Sample	M		10/21/1980			D1234567	CA					
02	Thomas Sample	M		05/21/1982			D2345678	CA					
03	Ben Sample	M		01/21/1984			D3756789	CA					

* MARITAL STATUS / CIVIL UNION (if applicable)

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?										N
VEH #	NAME OF OTHER OWNER				VEH #	NAME OF OTHER OWNER				
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?										N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?										Y
4. ARE ANY VEHICLES LEASED TO OTHERS?										N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)										N
VEH #	DESCRIPTION			COST	VEH #	DESCRIPTION			COST	
				\$					\$	
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)										N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N										
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	N										
8. ANY HOLD HARMLESS AGREEMENTS?	N										
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	N										
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?	Y										
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	N										
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	N										
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	N										
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) miles per hour (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) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.</small>	N										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">DRV #</th> <th style="width: 20%;">DATE (MM/DD/YYYY)</th> <th style="width: 30%;">TYPE</th> <th style="width: 30%;">PLACE (CITY, STATE)</th> <th style="width: 10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV							
15. HAS AGENT INSPECTED VEHICLES?	N										
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	Y										
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	ACORD 45 attached for additional names	INTEREST IN ITEM NUMBER
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ If Any REFERENCE / LOAN #: _____	VEHICLE: _____ LOCATION: _____
INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ REFERENCE / LOAN #: _____	VEHICLE: _____ LOCATION: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

VEH # 01	YEAR 2016	MAKE: Toyota MODEL: Tacoma	BODY TYPE: Pick Up Truck V.I.N.: 1ABCD2345EFG12345	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM		
GARAGING ADDRESS 120 A Street	STREET (Required in KY)		CITY Sacramento	COUNTY	STATE CA	ZIP 95828			
LIC STATE CA	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL	COST NEW \$ 32000
USE COMMM'L <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE	CHECK COVERAGES LIAB <input checked="" type="checkbox"/> NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F FT	LSP COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> \$ 1,000 \$ 1,000
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$					

VEH # 02	YEAR 2017	MAKE: Ford MODEL: F-150	BODY TYPE: Pick Up Truck V.I.N.: 1ABCD2345EFG12345	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM		
GARAGING ADDRESS 120 A Street	STREET (Required in KY)		CITY Sacramento	COUNTY	STATE CA	ZIP 95828			
LIC STATE CA	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS 50	FARTHEST TERMINAL	COST NEW \$ 42000
USE COMMM'L <input checked="" type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE <input type="checkbox"/>	FOR HIRE	CHECK COVERAGES LIAB <input checked="" type="checkbox"/> NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT MED PAY <input checked="" type="checkbox"/> UNINS MOTOR <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR SPEC C OF L <input checked="" type="checkbox"/>	F FT	LSP COMP/OTC <input checked="" type="checkbox"/> COLL <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT	ACV <input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L <input type="checkbox"/> \$ 1,000 \$ 1,000
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					
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	COMMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
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					
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	COMMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/OTC	SPEC C OF L
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, KS, 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 ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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



CALIFORNIA COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
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BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS																									
LIABILITY	<table border="1"> <tr><td>1</td><td></td><td>4</td><td>X</td><td>9</td></tr> <tr><td>2</td><td>X</td><td>7</td><td></td><td></td></tr> <tr><td>3</td><td>X</td><td>8</td><td></td><td></td></tr> </table>	1		4	X	9	2	X	7			3	X	8			<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000 BI EACH ACCIDENT \$ PROPERTY DAMAGE \$													
1		4	X	9																										
2	X	7																												
3	X	8																												
			PHYSICAL DAMAGE																											
			TOWING & LABOR	<table border="1"> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td><td></td><td></td></tr> </table>	3					7					\$ If Any															
3																														
7																														
			COMP / OTC	<table border="1"> <tr><td>2</td><td></td><td>4</td><td></td><td>8</td></tr> <tr><td>3</td><td>X</td><td>7</td><td></td><td></td></tr> </table>	2		4		8	3	X	7			\$ 1,000															
2		4		8																										
3	X	7																												
MEDICAL PAYMENTS	<table border="1"> <tr><td>2</td><td></td><td>4</td><td></td><td>8</td></tr> <tr><td>3</td><td>X</td><td>7</td><td></td><td></td></tr> </table>	2		4		8	3	X	7			EACH PERSON \$ 5,000	SPECIFIED CAUSES OF LOSS	<table border="1"> <tr><td>2</td><td></td><td>4</td><td></td><td>8</td></tr> <tr><td>3</td><td></td><td>7</td><td></td><td></td></tr> </table>	2		4		8	3		7								
2		4		8																										
3	X	7																												
2		4		8																										
3		7																												
UNINSURED MOTORIST	<table border="1"> <tr><td>2</td><td></td><td>6</td><td></td><td></td></tr> <tr><td>3</td><td>X</td><td>7</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> </table>	2		6			3	X	7			4					<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000 BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COLLISION	<table border="1"> <tr><td>2</td><td></td><td>4</td><td></td><td>8</td></tr> <tr><td>3</td><td>X</td><td>7</td><td></td><td></td></tr> </table>	2		4		8	3	X	7			\$ 1,000
2		6																												
3	X	7																												
4																														
2		4		8																										
3	X	7																												
			WAIVER OF DEDUCTIBLE	<table border="1"> <tr><td>3</td><td>X</td><td>7</td><td></td><td></td></tr> </table>	3	X	7																							
3	X	7																												
HIRED/BORROWED LIABILITY	<table border="1"> <tr><td>X</td><td>YES</td><td>STATES</td><td></td><td></td></tr> <tr><td></td><td>NO</td><td>CA</td><td></td><td></td></tr> </table>	X	YES	STATES				NO	CA			COST OF HIRE \$ <input checked="" type="checkbox"/> IF ANY BASIS		STATES	# DAYS	# VEH	COVERAGES/DEDUCTIBLE													
X	YES	STATES																												
	NO	CA																												
NON-OWNED LIABILITY	<table border="1"> <tr><td>X</td><td>YES</td><td>STATES</td><td></td><td></td></tr> <tr><td></td><td>NO</td><td>CA</td><td></td><td></td></tr> </table>	X	YES	STATES				NO	CA			GROUP TYPE	NUMBER OF	HIRED PHYSICAL DAMAGE				<input type="checkbox"/> COMP \$ <input type="checkbox"/> SPEC C OF L \$ <input type="checkbox"/> COLL \$												
X	YES	STATES																												
	NO	CA																												
			EMPLOYEES	5																										
			VOLUNTEERS																											
			PARTNERS																											
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW					COVERAGE IS:	PRIMARY	SECONDARY																					

ENDORSEMENTS / REMARKS

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE								
					COVERAGES	COVERED AUTO SYMBOLS		LIMITS			DEDUCTIBLE		
LIABILITY	41	46	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	COMP / OTC	42	46					\$
	42	47			\$		43	47					
	43	50			\$								
						SPECIFIED CAUSES OF LOSS	42	46	<input type="checkbox"/> SCL	<input type="checkbox"/> FT	<input type="checkbox"/> LSP	\$	
							43	47	<input type="checkbox"/> F	<input type="checkbox"/> FTW		\$	
						COLLISION	42	46				\$	
						<input type="checkbox"/> WAIVER OF DEDUCTIBLE	43	47				\$	
MEDICAL PAYMENTS	42	46			\$	TOWING & LABOR	46					\$	
	43				\$								
UNINSURED MOTORIST	42	46	<input type="checkbox"/> CSL	<input type="checkbox"/> BI EA PER	\$	TRAILER INTERCHANGE							
	43				\$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	45				\$	COMP / OTC	48						
							49						
						SPECIFIED CAUSES OF LOSS	48						
							49						
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	COLLISION	48					\$	
	NO		\$			<input type="checkbox"/> WAIVER OF DEDUCTIBLE	49					\$	
TRUCKERS HIRED/BORROWED LIABILITY	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	NO		\$										
NON-OWNED AUTO LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		OTHER	COVERAGE IS:			PRIMARY	SECONDARY		
	<input type="checkbox"/>		<input type="checkbox"/> EMPLOYEES										
			<input type="checkbox"/> VOLUNTEERS										
<input type="checkbox"/>		<input type="checkbox"/> PARTNERS											
OTHER													

COVERED AUTO SYMBOLS (41) ANY AUTO (42) OWNED AUTOS ONLY (43) OWNED COMMERCIAL AUTOS ONLY (44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE								
LIABILITY	61 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COVERAGES	COVERED AUTO SYMBOLS		LIMITS	DEDUCTIBLE			
	62 <input type="checkbox"/>	68 <input type="checkbox"/>	BI EACH ACCIDENT \$		COMP / OTC	62 <input type="checkbox"/>			67 <input type="checkbox"/>		
	63 <input type="checkbox"/>	71 <input type="checkbox"/>	PROPERTY DAMAGE \$			63 <input type="checkbox"/>			68 <input type="checkbox"/>		
	64 <input type="checkbox"/>					64 <input type="checkbox"/>					
				SPECIFIED CAUSES OF LOSS	62 <input type="checkbox"/>	67 <input type="checkbox"/>	<input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP	\$			
					63 <input type="checkbox"/>	68 <input type="checkbox"/>	<input type="checkbox"/> F <input type="checkbox"/> FTW				
					64 <input type="checkbox"/>						
				COLLISION	62 <input type="checkbox"/>	67 <input type="checkbox"/>		\$			
					63 <input type="checkbox"/>	68 <input type="checkbox"/>					
					64 <input type="checkbox"/>						
MEDICAL PAYMENTS	62 <input type="checkbox"/>	64 <input type="checkbox"/>	EACH PERSON \$	TOWING & LABOR	63 <input type="checkbox"/>		\$				
UNINSURED MOTORIST	62 <input type="checkbox"/>	66 <input type="checkbox"/>	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	TRAILER INTERCHANGE							
	63 <input type="checkbox"/>	67 <input type="checkbox"/>	BI EACH ACCIDENT \$	COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE	
	64 <input type="checkbox"/>		PROPERTY DAMAGE \$	COMP / OTC	69 <input type="checkbox"/>						
						70 <input type="checkbox"/>					
				SPECIFIED CAUSES OF LOSS	69 <input type="checkbox"/>						
						70 <input type="checkbox"/>					
NON-TRUCKERS HIRED/BORROWED	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	COLLISION	69 <input type="checkbox"/>					\$	
	NO <input type="checkbox"/>		\$			70 <input type="checkbox"/>					
TRUCKERS HIRED/BORROWED LIABILITY	YES <input type="checkbox"/>	STATES	COST OF HIRE <input type="checkbox"/> IF ANY BASIS	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH				
	NO <input type="checkbox"/>		\$								
NON-OWNED AUTO LIABILITY	YES <input type="checkbox"/>	STATES	GROUP TYPE		NUMBER OF						
	NO <input type="checkbox"/>		EMPLOYEES								
				VOLUNTEERS							
			PARTNERS								
OTHER				OTHER							

COVERED AUTO SYMBOLS	(64) OWNED COMMERCIAL AUTOS ONLY	(67) SPECIFICALLY DESCRIBED AUTOS	(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(61) ANY AUTO	(65) OWNED AUTOS SUBJECT TO NO-FAULT	(68) HIRED AUTOS ONLY	(71) NON-OWNED AUTOS ONLY
(62) OWNED AUTOS ONLY	(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW	(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT	
(63) OWNED PRIVATE PASS AUTOS ONLY			

ENDORSEMENTS /REMARKS

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY DAMAGE COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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