



Business Auto Supplemental Questionnaire

Return with Acord Applications

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207

1. Name _____ Website: _____

2. Address _____

3. Do you maintain offices or operations in other states? Yes No
If yes, please list states: _____

4. Person to contact _____ Title _____

5. Telephone _____ Email _____

6. Date Established _____ License # _____ Individual Partnership Corp. Other

7. Have you ever operated under any other name? Yes No
If yes, what names: _____

8. Historical Business Auto Insurance Policy Information

Prior Policy Year	Insurance Company	Number of Vehicles Insured	Total Premium

9. Have any auto liability claims been reported to your auto insurance carrier over the last 5 years? Yes No
If YES, please attach prior carrier insurance company loss report a/k/a loss run for the past 5 years

10. Has your auto insurance ever been cancelled or non renewed for any reason? Yes No
If Yes, please provide reason for cancellation or non-renewal below:

Underwriting Questions

11. Are drivers license abstracts checked prior to allowing employees to drive a company vehicle? Yes No

12. Are drivers license abstracts checked for all employees who are eligible to use a company vehicle at least annually? Yes No

13. Do any vehicles have a driving radius of more than 50 miles? Yes No

14. Are vehicles garaged or used outside of the United States? Yes No

15. Are any drivers under the age of 21? Yes No

16. Are any vehicles garaged or registered in the State of Massachusetts? Yes No



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Underwriting Questions continued:

17. Does the firm have a written driver safety program? Yes No
18. Do over 50% of employees use their autos in the business? Yes No
19. Does a vehicle maintenance program exist? Yes No
20. Are scheduled vehicles used by family members? Yes No
21. Are any owned or leased vehicle NOT scheduled on this application? Yes No
22. Does the firm have a driver training program? *If yes, please describe below:* Yes No

23. Are any vehicles armored? Yes No
24. Do operations include courier or escort services? Yes No
25. Does the firm provide alarm response services? Yes No

26. Eligible Drivers. Are any employees authorized to drive company vehicles with any of the following MVR violations:

- | | |
|---|---|
| <input type="checkbox"/> Driving while intoxicated or under the influence of drugs | <input type="checkbox"/> Refusing a drug or alcohol test |
| <input type="checkbox"/> Negligent homicide arising from the use of a motor vehicle | <input type="checkbox"/> Aggravated assault with a motor vehicle |
| <input type="checkbox"/> Eluding or attempting to elude a police officer | <input type="checkbox"/> Speeding Contest |
| <input type="checkbox"/> Using a motor vehicle in the commission of a felony | <input type="checkbox"/> Permitting an unlicensed person to drive a vehicle |
| <input type="checkbox"/> More than 3 moving violations in the past three (3) years | <input type="checkbox"/> Hit and Run Accident |
| <input type="checkbox"/> Operation of vehicle during a period of suspension or revocation | <input type="checkbox"/> Reckless driving |

27. Vehicles - Does the firm own or operate any of the following types of vehicles?

- | | |
|--|--|
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Farm Vehicles |
| <input type="checkbox"/> Limousine | <input type="checkbox"/> Mobile Homes |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Trucker or Bobtail Operations |
| <input type="checkbox"/> Van Pool | <input type="checkbox"/> Auto Dealer or Dealer Plated Vehicles |
| <input type="checkbox"/> Courtesy Vehicle | <input type="checkbox"/> Ambulance, Medic or EMT Vehicles |
| <input type="checkbox"/> Fuel, Gas, Oil or other Hazardous Materials | <input type="checkbox"/> Driver Training Vehicle |
| <input type="checkbox"/> Drive or Haul Away Vehicles and Operations | <input type="checkbox"/> Fire Trucks or Fire Response Vehicles |
| <input type="checkbox"/> Individually Owned Vehicles | <input type="checkbox"/> Vehicles rented or leased to Others |

SIGNATURE SECTION

signature

name

title

date

Notice to applicants: this application must be completed in full as the quote will be based solely on the information provided. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. By signing this application, the signor warrants that to their best knowledge all information given is true and accurate.



Reg. 194 Mandatory Initial Disclosure

As required by the New York State Insurance Department

As an independent insurance agent or insurance broker I, or my firm, (hereafter "I") may have access to more than one insurance company to place your coverage. Whether acting as an independent insurance agent or insurance broker I have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law. If acting as an independent insurance agent I may have authority to obligate the insurance company on your behalf and as a result I may be required to act within the scope of my contractual agreement with the company.

As the purchaser you need to understand that I typically will receive compensation from the selling company based on the agreement I have with the company. That compensation may vary from company to company and also be impacted by the volume of business I place with the company, the profitability of that business and other factors.

You may receive information about my compensation on the policy or policies you select and about any policies I have presented to you which you did not select by asking me for the information.