



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

Underwriting Questions continued:

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|-----------------------------------------------------------------------------------------|-----|----|
| 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? <i>If yes, please describe below:</i> | Yes | No |

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- | | | |
|-------------------------------------------------------------------------------------------------------------|-----|----|
| 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. Do employees operate company owned autos after normal business hours? | Yes | No |
| 27. Are any vehicles leased to others? | Yes | No |
| 28. Are any federal filings required? | Yes | No |
| 29. Do operations involve transporting hazardous material? | Yes | No |
| 30. Are any vehicles used in the for-hire transportation of passengers? | Yes | No |
| 31. Is this a new business operation and/or an existing operation without prior commercial auto experience? | Yes | No |
| 32. Are any vehicles customized, altered or have special equipment? | Yes | No |
| 32. Are any vehicles owned by the insured not to be scheduled on this application? | Yes | No |

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

Click here if NO for all

- | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <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 |

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

Click here if NO for all

- | | |
|----------------------------------------------------------------------|----------------------------------------------------------------|
| <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.

Notice: 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 & 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.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

Maine 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 may include imprisonment, fines or a denial of insurance benefits.

Maryland applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such 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 maybe violating state law.

Pennsylvania applicants: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

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 judgement in any court of proper jurisdiction.

Signature Section Auto		
<hr/>	<hr/>	<hr/>
<i>Principal, Owner or Officer Signature</i>	<i>Title</i>	<i>Date</i>

New York Insureds ONLY



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.