

BUSINESS AUTO APPLICATION

D&C INSURANCE SOLUTIONS

Business Name: _____ Address: _____
 DBA _____
 FED TIN: _____ Business Contact# _____ Email: _____
 300 S. Atlantic Blvd., Ste. 201-B * Monterey Park, CA 91754 * Bus: 888.457.4426 * Fax: 323.576.4552

Policy Period: _____ to _____

Company structure: Individual/Sole Proprietor Partnership Corporation LLC Other: _____

Year current business was established (YYYY): _____

Coverage / Limits:

Liability (Combined Single Limit): \$300,000 CSL \$500,000 CSL \$1,000,000 CSL Other: _____

Personal Injury Protection: Statutory Limits are Included Deductible: _____

Medical Payments (Each Person): \$5,000 \$10,000 \$25,000 Other: _____

Uninsured / Underinsured Motorist: \$300,000 CSL \$500,000 CSL \$1,000,000 CSL Other: _____

Hired or Borrowed Liability: States of Operation: _____ Cost of Hire: _____

Non-Owned Liability: States of Operation: _____ Number of Employees: _____

Physical Damage Coverage: Applies only to Scheduled Vehicle shown below Deductible: _____

Policy Year	Insurance Company	Number of Vehicles	Premium

During the past three years have any claims been presented to your present or prior insurer? Yes No
If yes, please attach insurance company loss runs for the prior five policy periods shown above.

Has your automobile insurance been canceled, declined or non-renewed in the past three years? Yes No
If yes, please explain: _____

Do over 50% of your employees use their autos in the business? Yes No

Is there a vehicle maintenance program in use? Yes No

Are scheduled vehicles used by family members? Yes No

Do you own any vehicle not scheduled on this application? Yes No

Do you have a driver training program? Yes No

If yes, please explain: _____

Are any of your client's located more than 50 miles from your office? Yes No

If yes, what is the longest one-way distance that you will travel to a customer? _____

Are scheduled vehicles used to transport personnel and/or products? Yes No

If yes, please explain: _____

Are Motor Vehicles Records of drivers checked before allow access to company vehicles? Yes No

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Business Name: _____

DBA _____

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Vehicle Schedule

NOTE: PLEASE PROVIDE THE NAME & ADDRESS OF VEHICLE(S) LIENHOLDER/LOSS PAYEE INFORMATION IN ADDITIONAL COMMENT

Year	Make	Model	Vehicle Identification #	Cost New	Garage Location (City & State)	Garage Location (Zip Code)	Use Code * (See Below)

* Use Codes: Executive Officers - 111
Managers - 222
Salespersons - 333

Supervisors - 444
Security Patrol (Customers Premise) - 555
Security (Alarm Response) - 666

Security Patrol (10 Mile Radius) - 777
Security Patrol (25 Mile Radius) - 888
Security Patrol (>25 Mile Radius) - 999

Driver Schedule

Last Name	First Name	Middle Initial	State Licensed	Drivers License Number	<input type="checkbox"/> Date of Birth	Job Function	Assigned Vehicle *

* Assigned Vehicle - This should be the primary operator of the vehicles listed above. Any occasional or emergency operators should be listed in the driver schedule and indicated as such.

BUSINESS AUTO SUPPLEMENTAL

**** In addition to the Business Auto Application, please provide the following additional Information ****

VEHICLE COVERAGE OPTIONS

Type of Coverage: Business only Personal only Business & Personal use
Garage Zip Code: _____
Radius-One Way: 50m 100m 200m 300m 400m 500m Unlimited miles
Average Amount of Daily Stops – One Way: _____

DRIVER(S) INFORMATION

Your social security number: _____
Your date of birth: _____
Commercial Drivers License: Yes No
Are you married? Yes No
Need full name of your spouse or registered domestic partner:

Date of birth: _____
Driver's license: State Issued: _____ DL number: _____
Would you like to INCLUDE your spouse or registered domestic partner as a DRIVER? Yes No
Would you like to INCLUDE your spouse or registered domestic partner as a NAMED INSURED? Yes No

Enter all Accidents (both at fault & not at fault) and violations for the last 35 months. If date of accident or violation is unknown, please leave the date blank, our systems will reconcile.

Type of Violation	Date of Violation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

SR-22 Filing? Yes No

PROOF OF PRIOR COVERAGE DISCOUNT

Are you currently insured: Yes No
Name of current carrier: _____
Current policy number: _____
Current policy effective date: _____
Current policy expiration date: _____
Current liability limits: _____

Have you had continuous coverage for at least one year? Yes No

***** Please provide a copy of policy Declaration Page for the above noted coverage**

BUSINESS EXPERIENCE AND COVERAGE DISCOUNT

Do you have General Liability Insurance or a Business Owner's Policy? Yes No
***** If so, please provide a copy of the Policy Declaration Page for said coverage**

Year current business was established: _____

You must provide proof that the business has been in operation three (3) years prior to the proposed policy period inception year, ie, business/professional/vocational license, business permit, or tax returns

OPTIONAL COVERAGE

Number of Additional Insureds: How many: _____

Please provide names and addresses in the ADDITIONAL COMMENT section or attach information

Number of Waivers of Subrogations: How many: _____

Please provide names and addresses in the ADDITIONAL COMMENT section or attach information

Personal Injury Protection: Statutory Limits are included: Deductible: \$ _____

Medical Payments (each person): \$5,000 \$10,000 \$25,000 Other _____

Uninsured/Underinsured Motorist CSL: \$300,000 \$500,000 \$1,000,000 \$2,000,000

Hired or Borrowed Liability: State of Operation: _____ Cost of Hire: \$ _____

Non-Owned Liability: State of Operation: _____ Number of Employees: _____

Comprehensive: Deductible: \$ _____

Collision: Deductible: \$ _____

ADDITIONAL COMMENT

Name of authorized representative: _____

Title: _____

Signature: _____

Date: _____