



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-678-7342 • Fax 800-478-9880

## COMMERICAL AUTO APPLICATION

### 1. General Information

Proposed Effective Date: \_\_\_\_\_

A. Applicant's Name: \_\_\_\_\_

B. Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

C. Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D. Please list any other names the business is or has been known by: \_\_\_\_\_

\_\_\_\_\_

D. Contact Person: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

F. Detailed description of business activities (specifically, and by location): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Applicant is: Individual Corporation Partnership Joint Venture Other: \_\_\_\_\_

H. What year was the business established? \_\_\_\_\_

I. Please list the owner(s) of the business applying for insurance and identify how many years' experience the owner(s) has in this type of business: \_\_\_\_\_

\_\_\_\_\_

J. Please list the manager(s) of the business applying for insurance and identify how many years' experience the manager(s) has in this type of business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

**2. Insurance History**

A. Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

B. Has the Applicant or any predecessor ever had a claim? Yes No

C. Please attach a completed Loss/Claims report.

D. Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

E. If the standard markets are declining placement, please explain why: \_\_\_\_\_

**3. Other Insurance**

A. Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**4. Desired Insurance**

A. Per Person/Per Act/Property Damage Single Limit

\$15,000/\$30,000/\$5,000	\$100,000/\$300,000/\$50,000	\$300,000
\$25,000/\$50,000/\$10,000	\$250,000/\$500,000/\$100,000	\$500,000
\$50,000/\$100,000/\$25,000	\$250,000/\$1,000,000/\$100,000	\$1,000,000
\$100,000/\$250,000/\$100,000	Other _____ / _____ / _____	\$5,000,000

**Self-Insured Retention (SIR):** \$1,000 (Minimum)    \$1,500    \$2,500    \$5,000    \$10,000

**Uninsured/Underinsured Motorists:** Yes No Statutory Limits \$ \_\_\_\_\_

**Personal Injury Protection (PIP) – no fault-** Yes No Statutory Limits \$ \_\_\_\_\_

**Note: Coverage is only provided if required by State Law.**

Non-Taxi operations bodily injury and property damage combined single limit (\$1,000 S.I.R. applies to each loss):

\$100,000 CSL    \$150,000 CSL    \$200,000 CSL    \_\_\_\_\_ Other

**Physical Damage Deductible:**

\$500    \$750    \$1,000    \$5,000    Other: \$ \_\_\_\_\_

**5. BUSINESS OPERATIONS**

Operational

A. Type of business in which vehicles are used?

Retail Delivery Wholesale Delivery Tow Dump Service Vehicle Contractor  
Catering Waste/Garbage Carrier

B. What is the maximum radius of your operation? 0 – 50 miles 50 – 100 miles 100+ miles

C. To what cities do you travel? \_\_\_\_\_  
\_\_\_\_\_

D. Do you operate in more than one state? Yes No

If yes, what are the other states? \_\_\_\_\_  
\_\_\_\_\_

E. Are there any vehicles owned by others that operate under your authority? Yes No

If yes, explain and identify the number and percentage of those so operated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Do you have your own towing service operations? Yes No

If yes, answer:

1. Do you tow for any other clients or customers, other than for your owned autos, or for other autos operated under contract with the taxi company? Yes No

2. Explain operations, number of tow trucks operated, and percentage of total services that are for other clients for a fee. \_\_\_\_\_  
\_\_\_\_\_

G. Do you operate your own auto mechanical repair and maintenance service garage for all owned autos? Yes No

If yes, provide address, phone, fax, e-mail, and name of manager. \_\_\_\_\_  
\_\_\_\_\_

1. If yes, are you providing repair and maintenance services to non-owned autos? Yes No

2. If no, provide name of company (or companies) you have contracted to provide repair and maintenance for all owned autos. \_\_\_\_\_

I. Do all owned and/or operated autos under your name comply with all local, state and federal safety guidelines? Yes No

Risk Management

J. Does your company have a position whose job description provides risk management or loss control, performs safety inspections, or engineering services? Yes No

If yes, please provide:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: # \_\_\_\_\_

Employee's specific responsibilities: \_\_\_\_\_

\_\_\_\_\_

K. Describe your company's maintenance and inspection program that qualify your vehicles to be used for the services provided. A copy of your formal inspection and maintenance written procedure manual would be helpful.

\_\_\_\_\_

\_\_\_\_\_

L. Describe Safety procedures in detail. If you have written policies and procedures, or an employee manual, please include a copy. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

R. If you operate the taxi company with non-owned autos, describe in detail the inspection and auto maintenance safety program you have effected, to verify that all non-owned autos are provided the repair and maintenance service required of all autos operated under your name and/or permits. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

S. Do you have a written policy and procedure for handling customer complaints? Yes No

If no, would you effect one and educate all company drivers of the company's program? Yes No

T. Does the company have a fenced yard for auto storage? Yes No

U. Provide names and addresses of regulatory authorities requiring filings. Please include your filing number. Submit a copy of the current filings issued. If not issued, provide a copy of the application to be submitted.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drivers

V. Are drivers required to complete a signed and dated inspection report form, identifying the condition of the auto at the end of each shift during a 24-hour period? Yes No

If yes, please provide a sample of the form used.

If No, would you be willing to affect such a program? Yes No

W. Does the company check references on driver applications? Yes No

If no, would the company effect such a procedure as a provision to obtain the insurance? Yes No

X. Are all autos you own, which are operated as a taxi listed on the attached equipment form?      Yes      No

If No, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If additional space is needed to adequately answer any of the above questions, answer on a separate sheet of paper or on the back of this application. Please number your answer to correspond with the question.

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**OPERATOR SCHEDULE**

**An electronic list is mandatory for lists that exceed 4 drivers or 4 vehicles.**

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For each driver, complete the following and attach a copy of the driver's MVR and license.

**Driver # \_\_\_\_\_** Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: \_\_\_\_\_

**Driver # \_\_\_\_\_** Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: \_\_\_\_\_

**Driver # \_\_\_\_\_** Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: \_\_\_\_\_

**Driver # \_\_\_\_\_** Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: \_\_\_\_\_

**If any driver(s) should be specifically excluded from the policy, please attach a separate list.**

**If available, please attach a copy of the MVR and driver's license for each driver.**

**Note:** Driver and vehicle information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

**Vehicle Schedule**

Insured/Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Business Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Medallion Number: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: \_\_\_\_\_ CPNC # / P #: \_\_\_\_\_

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		