

BUSINESS AUTO APPLICATION

Our company needs its quotation No Later Than: _____ Renewal Date: _____

How did you hear about WaterColor Management? _____

Applicant/Insured: _____ Phone: _____

Address: _____

Federal Tax ID#: _____ Authorized Representative: _____

Years in business: _____ MC#: _____ DOT#: _____ Expiring Premium: _____

*****Provide a 5 Year Auto Loss Run from Carrier or Agent;
Even if there are no claims, Report has to come from Carrier or Agent. *****

1. Do you own, rent, or lease autos? _____
2. Are you currently insured? YES NO – If Yes, what carrier: _____
3. Do you require any Federal or State filings? YES NO
If Yes, please list filings needed: _____
4. Do any of your vehicles require placards? YES NO
If Yes, Please explain: _____
5. What limits do you want for Liability (PD/BI)? \$100,00CSL \$300,000CSL \$500,000CSL \$1MCSL
6. Do you want Medical Payments? Yes No If yes, \$5,000 \$10,000 Other _____
7. Do you want Uninsured Motorist Coverage? Yes No If yes, what limit _____
8. What is the radius of operation? 0-50 miles _____% 51-200 miles _____% 201-500 miles _____%
9. Has any driver had an accident or citation in the last 3 years? YES NO
10. List all states you operate in? _____
11. How are the vehicles used in scope of business? Commercial Service Retail

12. Do you haul any hazardous materials? YES NO If so, describe in detail.

13. Are any transported chemicals considered hazardous materials as defined by the US Dept of Transportation?

14. Are all drivers covered by Work Comp? YES NO

15. What is the usage of the private passenger type vehicles?

Any personal usage? YES NO - If yes, what percentage? _____%

16. Any drivers under 22 or over 70? YES NO – If yes, how many? _____

17. Is there a written safety program in place? YES NO

18. Is there a written vehicle maintenance program in place? YES NO

19. Is there an MVR verification program? YES NO

20. Are family members allowed to drive company vehicles? YES NO

21. Is there a cell phone policy in place? YES NO

22. Are any passengers non-employees? YES NO

23. Do you have a target Premium request? _____

24. What type of insurance do you want? (You can choose more than one)

Liability Coverage Auto Symbols

_____ Symbol 1 - Broadest symbol; covers any "auto" you own, hire, rent & non-owned. (ANY AUTO)

_____ Symbol 2 - Covers any "auto" owned by the insured, including those attained after the policy begins. It also applies to trailers used with owned vehicles. (OWNED AUTOS ONLY)

_____ Symbol 3 - Covers only private passenger "autos" owned by the insured. (OWNED PRIVATE PASSENGER AUTOS ONLY)

_____ Symbol 4 - Covers all "autos," other than private passenger vehicles owned by the insured. This includes vehicles that are attained after the policy begins and also applies to trailers used by an owned vehicle. (OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY)

_____ Symbol 5 - Applies to "autos" owned by the insured that are garaged or licensed in no-fault benefit law states. (OWNED AUTOS SUBJECT TO NO-FAULT)

_____ Symbol 6 - Applies to "autos" that are garaged or licensed in states where uninsured motorist coverage is required. (OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW)

_____ Symbol 7 - Covers only the “autos” and trailers listed on the policy. (SPECIFICALLY DESCRIBED AUTOS)

_____ Symbol 8 - Covers “autos” that the insured leases, hires, rents or borrows for their own use. It does not cover “autos” that are leased, hired, rented or borrowed for employee or family member usage. (HIRED AUTOS ONLY)

_____ Symbol 9 - Covers “autos” that the insured does not own, lease, hire, rent or borrow, but are used for business purposes. These “autos” may be owned by employees or family members, but must be used for the insured’s business or personal matters. (NON-OWNED AUTOS ONLY)

Physical Damage Coverage Automobile Symbols

_____ Symbol 1 - Covers “autos” owned by the insured, including those attained after the policy begins. (OWNED AUTOS ONLY)

_____ Symbol 2 - Covers only private passenger “autos” that are owned by the insured. (OWNED PRIVATE PASSENGER AUTOS ONLY)

_____ Symbol 3 - Covers all “autos” (other than private passenger vehicles owned by the insured. (OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY)

_____ Symbol 4 - Applies to “autos” that are listed on the policy. This also covers trailers used with a listed vehicle. (SPECIFICALLY DESCRIBED AUTOS)

_____ Symbol 5 - Covers “autos” that the insured leases, hires, rents or borrows for his/her own use. This does not cover “autos” leased, hired, rented or borrowed for use by an employee or family member. (HIRED AUTOS ONLY)

****If more than 12 drivers or 12 vehicles make a copy before completing****

Business Auto Driver Verification List: Please list ALL drivers.

	DRIVER NAME	DOB	SS NUMBER	LIC STATE	LICENSE NUMBER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Business Auto Vehicle List: Please list ALL company owned vehicles.

	YEAR	MAKE	MODEL	VIN#	GVW	VALUE	COMP DED	COLL DED	GARAGING ADDRESS
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Lienholder Name & Address: (Please list vehicle number beside LH)

Veh #	Lienholder Name	Lienholder Address

*Please make sure this Driver list and this Vehicle list is accurate and **ALL** information is listed. I have verified this is accurate.*

Signature

Date

NOTICE TO APPLICANT: PLEASE READ CAREFULLY

It is understood and agreed that all information contained in this application submitted to WCM in connection with the insurance being applied for will be relied upon by Underwriters issuing the policy. It is warranted that the particulars and statements contained in said application for the proposed policy and any materials submitted therewith (which shall be retained on files by underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed policy and are to be considered as incorporated into and constituting a part of the proposed policy.

The undersigned declares that to the best of his/her knowledge the information herein is true and current. Signing of the application and warranty does not bind the undersigned to complete the insurance, but it is agreed that this warranty along with the application will be attached and become a part of such policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with the application and this warranty, as they deem necessary.

It is agreed that in the event there is any material change in the answers to the questions contained in the application prior to the effective date of the policy, the applicant will notify underwriter and, at the sole discretion of underwriters, any outstanding quotations may be modified or withdrawn.

Print Name of Insured, Owner, Partner or Principal

Title

Signature

Date