Commercial Auto Insurance Application

Effective Date:	**Target Premium:**

Agency Information

Agency Name:	**Producer Code:**
Agency E-Mail:	

Applicant Information

Applicant Name:		**SSN/FEIN:**		**DOT#:**	
Physical Address:		**City:**	**State:**	**Zip:**	
Mailing Address:		**City:**	**State:**	**Zip:**	
E-Mail Address:		**Phone Number:**		**Work Number:**	
Entity:		**Occupation:**		**DBA:**	
Years as owner of this business		**Years' experience in this business type**			

Underwriting Information	**Description of Vehicle Use**
Prior Company Name:	
Prior Policy Expiration/ Cancellation Date:	
Prior BI Limits:	

Vehicle Information

Veh	Terr	Year	Make	Model	Body Style	Serial (VIN) Number	Vehicle Category
1							
2							
3							
4							

Vehicle Information (continued)

Veh	Garaging Address/Zip Code (if different from mailing address above)	**G.V.W.**	**#Job Sites Per Day**	**Primary Use**	**Anti-theft**
1					Yes No
2					Yes No
3					Yes No
4					Yes No

Vehicle Information (continued)

Veh	Miles Maximum Radius of Operation	Policy Coverage Limits	Vehicle Value	Actual Cash Value
1				
2				
3				
4				

Additional Customized Equipment & Parts

Veh	Description of Each Item	Actual Value
1		
2		
3		
4		

Loss Payee, Additional Interest and Insured Lessor Information

Veh	Type	Name	Address—Street, City, State, Zip
1			
2			
3			
4			

Coverage Information

Coverages	Limits/Deductibles	Target Premium

Coverages	Premiums	Additional Policy Coverages	
Bodily Injury/CSL		**Hired Auto**	
Property Damage		**Non Owned**	
Medical Payments		**Cargo**	
Uninsured Motorists			
Personal Injury Protection			
Comprehensive			
FTCAC			
Collision			
Rental Reimbursement			
Roadside Assistance			
Tools			
On Hook Towing			

Driver and Household Member Information – List all persons of eligible driving age or permit age.

	Name (As shown on license)	Drivers License Number	CDL Issue Date	Driver Status	Date of Birth	Gender	Marital Status	Relationship to Applicant
1								
2								
3								
4								

Accidents, Violations and Nonchargeable Incidents

Driver Name	Violation/Conviction /Accident Date	List Date and Details of All Accidents, Violations and Convictions During Previous	Coverage and Amount Paid for Damages	At Fault?	Points

Applicant's Statement	
Policy Coverage Level	
Do you want the Step Down Policy for a reduced rate?	
Form E State Filing	
Federal Filing	
MCS-90	
Number of Additional Insureds?	
Number of Waivers of Subrogation?	
In Agency Transfer? (A discount is applicable when the agency writing the new commercial vehicle policy with our company is the same agency of record on the prior liability policy. The prior liability policy must have continuous coverage and not have been cancelled or non-renewed by the prior carrier.)	
Does the applicant have another inforce commercial lines policy?	
Was the additional commercial lines policy underwritten by a company affiliated with National General Insurance?	
Does Named Insured have any other active NGIC policies such as motorcycle or private passenger automobile policy?	
The applicant is a member of the following business or trade association:	
Is a Telematic Service Provider used?	
Go paperless? Email address:	
Do any of the prohibited risk scenarios apply?	
Does applicant have a General Liability policy? Effective date: Coverage Limits Company	
Is applicant out of compliance with any regulations subject to the Federal Motor Carrier Safety Regulation and/or the Motor Carrier Safety Regulation of the state in which vehicles are principally garaged?	
Is any vehicle a tractor trailer?	
How many individuals does the business employ?	
How many of the individuals employed by the business drive the vehicles listed on this policy?	
Are there any additional drivers with access to the vehicles?	
Does the applicant operate over a regular route?	
Is the applicant under contract to haul for a single firm?	
Does the applicant haul his/her own cargo exclusively?	

UNDISCLOSED OPERATOR
WARNING! READ THIS NOTICE CAREFULLY

By your signature below, you acknowledge and agree that ALL persons of driver permit age or older who: (1) live with you, (2) are your employees or (3) operate or have access to your vehicle(s) are listed in the Application.

I understand that I have a continuing duty to notify the Company within thirty (30) days of any changes in my employees, operators of my vehicle(s), members of my household of driving age or permit age, and as further defined in the Applicant's Statement below. In addition, I have a continuing duty to notify the Company within thirty (30) days of any regular operator of any vehicle listed on the Policy.

I understand the Company may rescind this Policy if the answers on this Application are false or misleading and materially affect the risk the Company assumes by issuing the Policy.

Applicant's Signature _____ Date _____

STEP DOWN POLICY
WARNING! READ THIS NOTICE CAREFULLY

By your signature below, you acknowledge and agree that if a permissive operator is driving or using a covered auto, then the liability limits available for that operator will step down to the minimum limits required by the compulsory or financial responsibility law in the state in which the Policy is issued regardless of the limits of liability shown on the Declarations Page for liability coverage. A permissive operator is defined in the Policy as any person using a covered auto with and within the scope of your express permission provided such person has a valid U.S. driver's license at the time of the accident and does not meet the definition of an undisclosed operator.

Applicant's Signature _____ Date _____

Applicant's Statement – Please read carefully.

I agree all answers to all questions in this Application are true and correct. I understand, recognize, and agree said answers are given and made for the purpose of inducing the Company to issue the policy for which I have applied. I also agree to pay any surcharges applicable under the Company rules which are necessitated by inaccurate statements. I further agree that ALL persons of eligible driving age or permit age who live with me, or who are employed in my business, as well as ALL operators who regularly operate my vehicles and do not reside in my household, are shown above. I agree that my principal residence and place of vehicle garaging is correctly shown above and is in the state for which I am applying for insurance at least 10 months each year. I understand the Company may declare that no coverage will be provided or afforded if said answers on this application are false or misleading, and materially affect the risk which the Company assumes by issuing this policy. In addition, I understand that I have a continuing duty to notify the Company of any changes of: (1) address; (2) location of vehicles; (3) members of my household of eligible driving age or permit age; (4) operators of any vehicles listed on the policy; or (5) use of any vehicles listed on the policy. I understand the Company may declare that no coverage will be provided or afforded if I do not comply with my continuing duty of advising the Company of any changes as noted above which materially affect the risk the Company assumes by issuing this policy.

I understand and agree that in connection with my request for a premium quotation and Application for insurance: (1) the Company may obtain consumer reports which may include a driver history report, credit information, or personal or privileged information from third parties; (2) my authorization to obtain consumer reports will remain valid for a period of one year from the date of this Application; (3) such information may be disclosed to affiliated or unaffiliated third parties without my prior permission but only as permitted or required by law; (4) upon my written request, the Company will inform me if a consumer report was requested and the name and address of the consumer reporting agency that furnished the report; (5) I may also request access to and correction of information the Company has collected on me; (6) the Company may request and use subsequent consumer reports in updating and renewing any insurance afforded in connection with this Application; (7) the Company will furnish a more detailed explanation of its information practices upon my request; and (8) refusal to authorize the Company to obtain a consumer report may give the Company the right to decline insurance to me.

Applicant Initials: _____

I hereby authorize the Company to obtain from the Department of Highway Safety and Motor Vehicles a copy of my Motor Vehicle Report for the use in writing and/or underwriting my existing insurance or insurance for which I do here apply and any renewal thereafter. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. I hereby agree that the named member(s) in my household and all operator(s) under this policy have authorized me to consent on their behalf to all coverages provided herein and for the Company to obtain Motor Vehicle Reports for rating and/or underwriting. I understand that a cancellation penalty of 10% of the unearned premium will be assessed if I request to cancel the policy unless my request for cancellation is because I am a member of the United States Armed Forces and have been called to active duty or transferred outside the state of Florida.

I understand that if my vehicle(s) is garaged in one of the following counties: Broward, Dade, Duval, Hillsborough, Orange, Palm Beach or Pinellas, and is insured for Other Than Collision/Collision, that it must be inspected by a representative of the insurer within seven calendar days from the effective date of this policy. Failure to obtain this inspection within the required seven days will result in suspension (i.e., LOSSES WILL NOT BE COVERED FOR OTHER THAN COLLISION/COLLISION COVERAGES) and the suspension shall continue in force until the inspection is completed. I have had the liability coverages and limits available for the purchase fully explained to me and have selected the limits shown on the Application. I have had the different policy coverage levels available to me fully explained. I made an informed decision and have selected the policy coverage level shown on the Application.

I understand the policy may be rescinded and no coverage provided if my premium down payment or full payment is paid by check, credit card, or debit card and the bank returns said check unpaid or fails to honor the credit charge or debit charge in full. I understand the Policy may be subject to cancellation for nonpayment of premium if a check, credit card, or debit card transaction is authorized for any payment other than the initial payment and the bank returns said check unpaid or fails to honor the credit charge or debit charge in full.

I understand that a fee will be added to each installment after the downpayment. I understand that fees for an SR22 filing, late installments or non-sufficient funds may be assessed and that those are separate and distinct from the installment fees. I understand my payments are first applied to the fees owed and then to the premium.

I understand my producer will receive compensation for this policy in the form of a commission and may from time to time receive other compensation from the Company based on sales and/or profitability.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicant's Signature _____ Date _____

PRODUCER'S STATEMENT: PLEASE READ CAREFULLY

I have asked the applicant(s) all questions on this Application and these are the applicant(s) responses. To the best of my knowledge, all of the information on this Application is true, correct and complete.

PRODUCER'S NAME: (Please Print)		Bound Date:	Time:
PRODUCER'S SIGNATURE:			