

List all owned and leased (long-term) vehicles. Attach additional page or use the Remarks section if necessary.

No.	Year	Make	Model	Vehicle ID (VIN)	Cost New	# of Seats	Weight (lbs)	Radius	Garaging Zip Code	Comp. Ded	Coll. Ded	Veh. Type
1												
2												
3												
4												
5												
6												
7												
8												

List Loss Payees for each vehicle. Attach additional page or use the Remarks section if necessary.

Veh No.	Loss Payee Name	Address	City	State	Zip
1					
2					
3					
4					
5					
6					
7					
8					

Auto Insurance information / Loss History (last 5-years). Attach additional page or use the Remarks section if necessary.

Year	Carrier	Policy #	Annual Premium	Liability Limit(s)	Med Pay Limit	# of Claims	Incurred Claims (\$)

Owned Auto – General Information

Vehicle operations? (Select all that apply)	Errands & meetings _____	Transport adults to/from services or activities _____
	Transport children _____	Trailer used to carry tools/equipment to job sites _____
	Personal Use Only _____	Trailer used for offices or mobile showrooms _____
	Other (provide details) _____	Trailer used to deliver products or serve food _____

Additional Details: _____

Current Auto Premium _____

Applicant's commitment to safety and proper maintenance include: (select all that apply & be prepared to provide evidence)

- _____ Documented "Hands Free" policy (phone/texting)
- _____ Documented Driver Safety Program
- _____ Defined driver duties – full time vs. part time
- _____ Accident investigation program or corrective action program
- _____ Little to no personal use of vehicles
- _____ Periodic safety meetings with drivers
- _____ Defensive driving & accident prevention courses
- _____ Safety maintenance & inspection program
- _____ Lock Key Program – employees/volunteers sign in/out vehicles
- _____ None of the above

Remarks: _____

Fraud Warnings & Signature

Check here if you have read and understand the following applicable statement(s) about fraud:

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully) * presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully) * presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement imprisonment. *Applies in MD Only.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL and OK: 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) *. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

HE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: _____

Date: _____

Print Name: _____

Title: _____

Producer's Signature: _____

National Producer Number: _____