



**BUSINESS AUTO SUPPLEMENTAL APPLICATION**

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Applicant: \_\_\_\_\_ Business Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Cellular Number: \_\_\_\_\_  
 City: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 State and Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Website: \_\_\_\_\_ Premium: \_\_\_\_\_  
 Desired Policy Effective Date: \_\_\_\_\_  
 Organization Type:     Individual     Partnership     Corporation     LLC

**SUBMISSION REQUIREMENTS**

- 3 – 5 Years documented loss history
- Complete VINs on all power units
- Proof of financial stability
- Completed application and current fleet list
- Complete drivers list required at policy issuance
- All drivers must have acceptable MVRs

**SECTION I – GARAGING INFORMATION**

Garaging Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Is this location secured?     Yes     No  
 Describe: \_\_\_\_\_

\* If more than one, please put in note field.

**SECTION II – SAFETY MANAGEMENT**

1. Written Safety Program that is implemented and enforced at your company?     Yes     No
2. Safety meetings are held?     Weekly     Monthly     Quarterly
3. Written Driver Training Program?     Yes     No
4. Is there a written vehicle take-home policy?     Yes     No
5. Do you have a drug-testing program in place?     Yes     No
6. If you answered NO to any of the above questions, if requested, would management implement a program designed to assist with that item the first 30 days of the effective date of this insurance?     Yes     No  
 Owners Initials: \_\_\_\_\_
7. Does the Applicant's organization utilize GPS fleet telematics devices?     Yes     No  
 If yes, please check off the fleet telematics being utilized:  
 Plug in     Hard wired     Mobile Phone     Other: \_\_\_\_\_
8. What percentage of the Applicant's fleet is provided with these fleet telematics devices? \_\_\_\_\_%

**SECTION III – DRIVER MANAGEMENT**

- 1. Does the Applicant have a formal driving policy in place with MVR standards?  Yes  No  
If yes:
  - a. Is driving policy communicated in writing to all employees?  Yes  No
  - b. Is a signed acknowledgment form kept on file?  Yes  No  
If yes, please provide a copy of signed acknowledgment.
  - c. Do driving standards include the following:
    - i. No major violations including DUI, racing, hit and run, speeding in excess of 20 mph over posted speed limit, manslaughter?  Yes  No
    - ii. No more than 2 moving violations within past 3 years?  Yes  No
    - iii. No more than 1 at fault accident within past 3 years?  Yes  No
- 2. How often does the Applicant check MVR reports?
- 3. Does the Applicant allow any newly hired drivers to operate vehicles without going through a company-specific documented driver training?  Yes  No
- 4. Describe any ongoing training provided to drivers:

- 
- 5. Does the Applicant have GPS tracking capability?  Yes  No
  - 6. Does the Applicant allow employees to drive personal vehicles for company purposes?  Yes  No  
If yes:
    - a. Are the driving policy and standards for these drivers the same as in questions 1-3?  Yes  No
    - b. Does the Applicant require these employees to have adequate personal insurance limits?  Yes  No

**SECTION IV – GENERAL OPERATIONS**

- 1. Lease vehicles from other individuals or companies?  Yes  No
- 2. Lease vehicles to other individuals or companies?  Yes  No
- 3. Are all vehicles titled under the business name?  Yes  No
- 4. Have any additional vehicles owned or leased by your company NOT on this schedule?  Yes  No
- 5. Are employees required to complete incident reports?  Yes  No
- 6. What percentage of your driving is within: 50 Miles \_\_\_\_\_% 51-100 Miles \_\_\_\_\_%
- 7. Do you operate any dump trucks or trailers?  Yes  No
- 8. Do you operate any trucks or trailers which have cranes or booms attached?  Yes  No

**SECTION V - MAINTENANCE**

- 1. Do you maintain maintenance logs on each vehicle?  Yes  No
- 2. Do you provide the routine maintenance on your equipment?  Yes  No
- 3. If you do not perform maintenance who does? \_\_\_\_\_
- 4. Are they Professionally Certified as Mechanics?  Yes  No
- 5. Are your drivers in any way responsible for the cost of the maintenance of your equipment?  Yes  No
- 6. Do your drivers perform daily maintenance checks on ALL vehicles?  Yes  No

**SECTION VI – COVERAGE**

Coverage	Limits			
	Business Liability	Symbol 7	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000
Under / Uninsured Motorist Liability	Symbol 7	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000
Medical Payments	Symbol 7	<input type="checkbox"/> \$5,000		
Personal Injury Protection	Symbol 5	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$35,000
Comprehensive – Scheduled per Auto	Symbol 7		<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
Collision – Scheduled per Auto	Symbol 7		<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
Hired and Non-Owned Auto	Symbol 8,9	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000

**SECTION VII – PRIOR INSURANCE INFORMATION**

Company	Policy Dates	Premium	Losses (describe below)*

\* Description of Losses:

1. Has any insurance carrier cancelled or declined to renew your coverage?  Yes  No  
If yes, why?

2. Prior claims or pending claims within the last three years?  Yes  No  
If yes, please explain with dates, amount and description. Please attach your company loss reports, which can be obtained by your agent.

Date of Loss	Total Amount	Coverage Type	Driver	Date of Loss	Total Amount	Coverage Type	Driver
	\$				\$		
	\$				\$		
	\$				\$		
	\$				\$		

NOTES:

**SECTION VIII – VEHICLE SCHEDULE**

\* print additional pages if required

#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ GVWR: \_\_\_\_\_ Radius: \_\_\_\_\_  
Garage Location: \_\_\_\_\_ VIN: \_\_\_\_\_  
Value: Cost New \$ \_\_\_\_\_ or Stated Value \$ \_\_\_\_\_ Personal Use?  Yes  No  
Comprehensive Coverage:  \$1,000  \$2,500 Collision Coverage:  \$1,000  \$2,500  
 Loss Payee  Additional Insured – Leased Auto Assigned Driver: \_\_\_\_\_

#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ GVWR: \_\_\_\_\_ Radius: \_\_\_\_\_  
Garage Location: \_\_\_\_\_ VIN: \_\_\_\_\_  
Value: Cost New \$ \_\_\_\_\_ or Stated Value \$ \_\_\_\_\_ Personal Use?  Yes  No  
Comprehensive Coverage:  \$1,000  \$2,500 Collision Coverage:  \$1,000  \$2,500  
 Loss Payee  Additional Insured – Leased Auto Assigned Driver: \_\_\_\_\_

#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ GVWR: \_\_\_\_\_ Radius: \_\_\_\_\_  
Garage Location: \_\_\_\_\_ VIN: \_\_\_\_\_  
Value: Cost New \$ \_\_\_\_\_ or Stated Value \$ \_\_\_\_\_ Personal Use?  Yes  No  
Comprehensive Coverage:  \$1,000  \$2,500 Collision Coverage:  \$1,000  \$2,500  
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#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ GVWR: \_\_\_\_\_ Radius: \_\_\_\_\_  
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Comprehensive Coverage:  \$1,000  \$2,500 Collision Coverage:  \$1,000  \$2,500  
 Loss Payee  Additional Insured – Leased Auto Assigned Driver: \_\_\_\_\_

#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ GVWR: \_\_\_\_\_ Radius: \_\_\_\_\_  
Garage Location: \_\_\_\_\_ VIN: \_\_\_\_\_  
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#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ GVWR: \_\_\_\_\_ Radius: \_\_\_\_\_  
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Value: Cost New \$ \_\_\_\_\_ or Stated Value \$ \_\_\_\_\_ Personal Use?  Yes  No  
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#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ GVWR: \_\_\_\_\_ Radius: \_\_\_\_\_  
Garage Location: \_\_\_\_\_ VIN: \_\_\_\_\_  
Value: Cost New \$ \_\_\_\_\_ or Stated Value \$ \_\_\_\_\_ Personal Use?  Yes  No  
Comprehensive Coverage:  \$1,000  \$2,500 Collision Coverage:  \$1,000  \$2,500  
 Loss Payee  Additional Insured – Leased Auto Assigned Driver: \_\_\_\_\_

**SECTION IX – LIEN HOLDER SCHEDULE**

\* Print additional pages if required

Loss Payee       Additional Insured      Vehicle Number for App Schedule: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Loss Payee       Additional Insured      Vehicle Number for App Schedule: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Loss Payee       Additional Insured      Vehicle Number for App Schedule: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Loss Payee       Additional Insured      Vehicle Number for App Schedule: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Loss Payee       Additional Insured      Vehicle Number for App Schedule: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Loss Payee       Additional Insured      Vehicle Number for App Schedule: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Loss Payee       Additional Insured      Vehicle Number for App Schedule: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Loss Payee       Additional Insured      Vehicle Number for App Schedule: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

Loss Payee       Additional Insured      Vehicle Number for App Schedule: \_\_\_\_\_  
Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Contact: \_\_\_\_\_

**SECTION X – EMPLOYEE LIST**

Please include ALL employees employed with Named Insured

No.	Last Name	First Name	Initial	Job Duties	Years Employed	Date of Birth	Years Experience	License Number
1								
2								
3								
4								
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35								

Person Completing Drivers List: \_\_\_\_\_

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** 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 FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** 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 OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN NEW YORK:** 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

\_\_\_\_\_  
NAME (PLEASE PRINT/TYPE)

\_\_\_\_\_  
TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

\_\_\_\_\_  
PRODUCER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
PRODUCER LICENSE NUMBER  
(If this is a Florida Risk, Producer means Florida Licensed Agent)

\_\_\_\_\_  
ADDRESS (STREET, CITY, STATE, ZIP)

Submit to:

Allen Financial Insurance Group

12424 N. 32nd St #101 Phoenix, AZ 85032

800-874-9191 FAX 602-992-8327 email: ballen@eqgroup.com

Business Auto Supplemental