



BUSINESS AUTO APPLICATION

Proposed Effective Date _____

Legal Named Insured (full name of all companies to be insured under this policy)

DBA _____

Entity is: S Corp C Corp Individual Partnership Limited Partnership LLC Other

If other, please describe: _____

Website _____

Mailing Address _____

City _____ State _____ ZIP _____ County _____

Physical Address _____

City _____ State _____ ZIP _____ County _____

Contact Person _____ Email _____

Phone No. _____ Fax No. _____

FEIN _____ Medicare Provider No. _____

NPI No. _____ Unemployment No. _____

VGM MEMBER No. _____ OPGA/POINT MEMBER No. _____ AAHOMECARE MEMBER No. _____

I would also like to receive a competitive quote for the following:

- Property Workers' Compensation Cyber/Data Breach Business Auto
- Flood Earthquake Inland Marine Employment Practices Liability

Requested Coverages & Limits

Liability Limit: \$1,000,000 \$500,000

*If Excess limits are desired, underlying Auto limits are required to be \$1,000,000

Uninsured/Under-insured Motorist: Will Match Selected Liability Limits

Uninsured Motorist Property Damage Coverage Desired? Yes No (Not available in all states)

Comprehensive Deductible Desired: \$1,000 \$2,500 \$5,000

Collision Deductible Desired: \$1,000 \$2,500 \$5,000

Towing Coverage Desired?* Yes No Rental Reimbursement Desired?* Yes No

*Only applicable for private passenger vehicles.

Med Pay: \$5,000 PIP: Basic (Not available in all states)

Radius of Operations: (Distance one way in miles) <50 50-200 200+

If over 200 miles, please explain. _____

Please attach schedule of drivers and vehicle information or complete the tables below.

Driver Information

Please list all individuals who drive on behalf of the company below.

Driver's Name	Birth Date	License #	State

Have any of the drivers listed above had any violations in the past five years? Yes No

If yes, please explain. _____

Vehicle/Auto Information

Please list all vehicles to be included in your insurance quote.

Auto Use: R = Retail C = Commercial S = Service

Year, Make, Model	VIN Number	Garaged Location Address	Auto Use	Cost New	Ownership of Vehicle
					<input type="checkbox"/> Owned <input type="checkbox"/> Leased
					<input type="checkbox"/> Owned <input type="checkbox"/> Leased
					<input type="checkbox"/> Owned <input type="checkbox"/> Leased
					<input type="checkbox"/> Owned <input type="checkbox"/> Leased
					<input type="checkbox"/> Owned <input type="checkbox"/> Leased

Are there additional insureds associated with any of the vehicles listed above? Yes No

If yes, please list name, address, and vehicle:

Additional Insured _____ Address _____ Vehicle _____
 Additional Insured _____ Address _____ Vehicle _____
 Additional Insured _____ Address _____ Vehicle _____
 Additional Insured _____ Address _____ Vehicle _____
 Additional Insured _____ Address _____ Vehicle _____

Historical Insurance Information

Current Carrier(s) and Premium _____

Have you had any auto claims during the past five years? Yes* No

***If yes, please provide a copy of your loss runs for the past five years.**

Has your coverage been cancelled/non-renewed in the past three years? Yes No N/A

(Respond only if state law permits)

If yes, please explain _____

Exposure Information

Are all vehicles listed above owned by and registered to the company? Yes No

If no, who are they registered to? _____

Do any employees use their personal automobiles for business purposes? Yes No

If yes, are they required to carry a minimum liability limit of \$500,000? Yes No

Please identify any vehicles that have special equipment (such as lifts, wraps, etc.) and the value of the equipment _____

Do you obtain motor vehicle records for employees who drive on behalf of the business? Yes No

Are there any vehicles owned by the business but not scheduled on this application? Yes No

Are any company vehicles used by employees for personal use? Yes No

If yes, what percentage? _____

Are any company vehicles used by family members for personal use? Yes No

If yes, please provide the name, birth date, license number, and vehicle used?

Name _____ Birth Date _____ License Number _____ Vehicle _____

Name _____ Birth Date _____ License Number _____ Vehicle _____

Name _____ Birth Date _____ License Number _____ Vehicle _____

Does the business transport oxygen tanks? Yes No

If yes, please list the type of tanks delivered on average per vehicle per day _____

Please explain the procedures in place regarding the securement of the oxygen tanks/containers while being transported _____

Do you have any vehicles that only transport oxygen? Yes No

If yes, what vehicles? _____

Indicate which safety/risk control measures are in place:

Driver training provided to all drivers upon start date Seat belt policy

Calling and/or text messaging policy Vehicle maintenance program

***Please provide a copy of any current policies in place**

FRAUD WARNING

YOUR APPLICATION CANNOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY, INCLUDING READING AND EXECUTION OF THE WARRANTY AND FRAUD STATEMENTS CONTAINED BELOW.

Applicant's warranty statement: The undersigned states, represents and warrants that, to the best of his/her knowledge and belief and upon reasonable inquiry, the particulars and Statements set forth and the information contained in documents, if any, attached to this Application are true and accurate and agree that such particulars, statements and information are material to the acceptance of any risk assumed by the Company. The undersigned further declares and agrees that, if any claim, incident or event taking place prior to the effective date of any insurance applied for pursuant to this Application may render inaccurate, untrue or incomplete any statement, particular, or information contained in or attached to the Application, he or she will, as a condition to the effectiveness of any insurance issued pursuant to this Application, immediately report such in writing to the Company, and the Company may in its sole discretion withdraw or modify any outstanding quotations, proposed terms and/or any authorization or agreement to bind the insurance. The signing of the Application does not bind the applicant to purchase the insurance, nor does the review of the Application by the Company bind the Company to issue a policy. It is understood that the Company is relying on the Application and all attachments thereto in the event the policy is used. It is agreed that this Application, including any attachments thereto and material submitted therewith, shall be the basis for the issuance of any policy as to which this Application applies and the Application and any attachments thereto may be attached to and become a part of the policy issued.

Any person who knowingly and with intent to defraud any insurance company or other entity or person submits 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 to the Application, statement of claim or any other submission, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SPECIFIC STATE FRAUD WARNINGS:

PLEASE CAREFULLY REVIEW THE BELOW WARNING THAT IS APPLICABLE TO THE APPLICANT

APPLICABLE IN CT, GA, HI, IL, IA, MA, MI, MS, MO, MT, NE, NV, NC, ND, SC, SD, VT, WI & WY: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit with the intent to defraud or deceive any insurer is guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits

APPLICABLE IN ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof. Workers Compensation: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining workers compensation benefits for himself or herself or any other person is guilty of a Class C felony.

APPLICABLE IN ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

APPLICABLE IN IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

APPLICABLE IN INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

APPLICABLE IN LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MAINE: 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 MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

APPLICABLE IN NEW YORK: GENERAL: 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN PENNSYLVANIA: GENERAL: 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.

APPLICABLE IN RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN TEXAS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

APPLICABLE IN WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The above has been read and understood by the Applicant.

SIGNATURE OF APPLICANT: _____

(Must be signed by a principal, partner or officer of the Applicant who is duly authorized to execute this Application on behalf of and as binding on the Applicant)