



CONTRACTORS BEST INSURANCE SERVICES INC.

20350 Ventura Blvd., Ste 240, Woodland Hills, CA 91364
Phone No: 818-348-4900 Toll Free: 888-960-1361 FAX No: 866-309-9237
CA License #0F37560

COMMERCIAL AUTO APPLICATION

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage

Name of Applicant: _____

PROPOSED EFFECTIVE DATE: FROM _____ TO _____

12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY. INDICATE "NOT APPLICABLE."

DESCRIPTION OF OPERATIONS

1. Please provide the registered owner's driver license number, social security number, federal employer identification number, state customer number or Soundex number for all vehicles:

2. Specifically, identify commodities transported: _____

3. Any Exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)? Yes NO
If Yes, provide specific details: _____
4. List all States Vehicles operate in: _____
5. Largest Cities Entered: _____
6. Is your Operation subject to time restraints when delivering the commodity? Yes NO
7. If not hauling for others, will the vehicles be parked at job sites most of the day? Yes NO
8. Do you Haul for others? Yes NO
If Yes, indicated percentage and for whom: _____%
9. Are any vehicles or equipment loaned, rented or leased to others? Yes NO
10. Do you lease, hire, rent or borrow any vehicles from others? Yes NO
What is the average term of the lease? _____
Is there a written agreement? Yes NO
If Yes, provide a copy of the agreement
11. What is your cost to lease, hire rent or borrow vehicles? \$ _____
12. What type of vehicles do you lease, hire, rent or borrow? _____
13. Are any units customized or altered, or do they have special equipment? Yes NO
If Yes, how are they altered? _____
14. Do you have vehicles with a boom? Yes NO
If Yes, what is the collapsed length? _____
15. Do you use owner/operators? Yes NO
If Yes, is there a written agreement? Yes NO
What is the average length of the agreement? _____
16. If owner/operators are leased for twelve (12) months or longer, will they be scheduled on your policy? Yes NO

Period			Deductible Amount	Liability	Phys. Damage	Losses	Losses Paid/Open*	Damage Losses Paid/Open*

*Include a min. of 3 years currently valued company loss runs for all accounts with 10+ power units.

LIMIT AND COVERAGE INFORMATION

44. Liability:

Bodily Injury _____ Property Damage _____ Combined Single Limit _____

45. Hired Auto: States _____ Cost of Hire _____

46. Non-Owned Auto: States _____

Number of Employees: Partners _____ Employees _____ Volunteers _____

47. Uninsured Motorist: ___ Rejected Limits Accepted _____

48. Underinsured Motorist: ___ Rejected Limits Accepted _____

(Complete appropriate UM/UIM Rejection/Selection Form for Questions 52. and 53)

49. Optional No-Fault State: PIP Rejected? ___Yes ___NO

50. Mandatory No-Fault State: PIP Basic Limits Accepted? ___Yes ___NO

(Complete appropriate Personal Injury Protection Form)

51. Physical Damage Deductibles: _____ \$500 _____ \$1,000 _____ Other: Specify _____

52. Medical Payments: ___ Rejected ___ Limits Accepted: _____

This Application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

APPLICANTS SIGNATURE: _____ **DATE:** _____

NAME & TITLE: _____

PRODUCER: _____

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