

DEPENDING ON THE RISK AND COVERAGES, OTHER FORMS MAY BE REQUIRED TO COMPLETE THIS APPLICATION

CENTURY-NATIONAL INSURANCE COMPANY

P.O. Box 3999, North Hollywood, CA 91609 .

Commercial Auto Application

(818) 760-0880 (800) 733-0880

BROKER:			QUOTE#	
PHONE:			BROKER#	
APPLICANT:				
ADDRESS:			ZIP:	
PHONE:			PHONE:	
INSPECTION CONTACT:				

STATUS OF SUBMISSION	Effective Date Requested	
<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY		<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership

PREMIUM FINANCE COMPANY:	DESCRIBE BUSINESS AND USE VEHICLES:
TYPE OF BUSINESS:	YEARS IN BUSINESS

VEHICLE GARAGED: <input type="checkbox"/> IN A GARAGE <input type="checkbox"/> IN A FENCED LOT <input type="checkbox"/> AT EMPLOYEES HOME: <input type="checkbox"/> ON STREET <input type="checkbox"/> UNFENCED LOT	PERSON CALLING: _____ QUOTE NEEDED BY: DATE: _____/99 TIME: _____
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COVERAGES	LIMITS REQUESTED	FAX #	
LIABILITY INSURANCE	\$		<input type="checkbox"/> NONOWNERSHIP LIABILITY <input type="checkbox"/> HIRED AUTO LIABILITY <input type="checkbox"/> LIMITS: \$
MEDICAL PAYMENTS	\$		<input type="checkbox"/> APPLY TO ALL VEHICLES <input type="checkbox"/> APPLY ONLY TO VEH# <input type="checkbox"/> APPLY TO NONE
UNINSURED MOTORIST	\$		<input type="checkbox"/> APPLY TO ALL VEHICLES <input type="checkbox"/> APPLY TO NONE

<input type="checkbox"/> WE DECLINE UNINSURED/UNDERINSURED (UM/UIM) MOTORIST COVERAGE ON ALL VEHICLE. <input type="checkbox"/> PLACE ONLY \$ _____ LIMITS ON UM/UIM COVERAGE ON ALL VEHICLES	UNINSURED MOTORIST PROPERTY DAMAGE WANTED? <input type="checkbox"/> YES <input type="checkbox"/> NO ON VEHICLE # _____
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VEHICLE INFORMATION

	YEAR	MAKE	MODEL	VIN#	LIC#	GVW	RADIUS	COST NEW	EST. ANNUAL MILEAGE
1)						,000	00		,000
2)						,000	00		,000
3)						,000	00		,000
4)						,000	00		,000
5)						,000	00		,000

Comp. Ded \$ **On all vehicles except:**

Coll. Ded \$ **On all vehicles except:**

All garaged at: **Except:**

Loss Payee on Vehicle #:

() Name _____ Address _____

() Name _____ Address _____

() Name _____ Address _____

DRIVER INFORMATION

#	IF THERE ARE MORE THAN 6 DRIVERS, USE OTHER SIDE OF THIS FORM	DATE OF BIRTH	DRIVERS LICENSE NUMBER	STATE	ANY CITATIONS OR ACCIDENTS IN PAST 3 YEARS?	IF YES, DESCRIBE EACH CITATION AND/OR ACCIDENT	YEARS DRIVING EXP. IN U.S.A.
1					Y N		
2					Y N		
3					Y N		
4					Y N		
5					Y N		
6					Y N		

General Information Needed:

- 1) With the exception of encumbrances are all vehicles solely owned by and registered to the applicant? Y N
- 2) Is a formal safety program in operation? Y N 3) Do you haul cargo for others? Y N
- 3) **DO YOU REQUIRE ANY SPECIAL FILINGS? WHAT ONES?** Y N
- 4) If you have any vehicles over 10,000 GVWR in Calif. You should have a DMV filing & 750K limit.
- 6) Do we insure all applicant's owned or leased vehicle? Y N
- 7) Does applicant obtain MVR's before hiring drivers? Y N

We will not bind Nonownership Coverage without answers to these questions:

- 8) Do any employees drive their own vehicles for the applicant's business? If yes how many? _____ Y N
- 9) Do sales people driver their own vehicles, if yes, how many? Y N
- 10) Does applicant require employees driving their own vehicles to have liability coverage? Y N
- 11) List drivers that will drive their own vehicles here: _____, _____, _____,

There is no coverage for additional equipment, or modifications not original to the vehicle, unless declared here and a premium paid for them. The physical damage deductibles apply to the additional equipment and modifications.

THIS IS A QUOTE ONLY. TO BIND WE MUST HAVE: a) The remainder of this application completed;
b) Copies of all vehicle registrations; c) Copy of Premium Finance Contract or Direct Bill election.

THIS QUOTE IS BASED ON THE INFORMATION GIVEN TO US AS SHOWN ON THIS PARTIALLY COMPLETED APPLICATION. APPLICANT & BROKER UST COMPLETE THE REMAINDER TO BIND.

The quote could change when other information i.e. MVR's, vehicle information, etc. is received later.

Unreported drivers will have an increased deductible or policy surcharge.

NOTICE TO APPLICANT:

Careful completion of this application will ensure proper rating and prompt delivery of your policy. Any false statement, omission or misrepresentation that would otherwise alter the Company's evaluation of you, will result in a rescission of your coverage.

By my signature, I hereby warrant that I have read this application and that all information was filled in before I signed and that the information is true and correct to the best of my knowledge. I agree that such policy, if issued, may be subject to an adjustment in the premium due, the policy period requested, or the amount of deductible as a result of my driving record or other underwriting factors.

I also fully understand and agree that if any remittance by me, or on my behalf (except by broker), is not honored by the payer (Bank), coverage will be rescinded; and no coverage or considerations will have been afforded under this application and any subsequent binder, policy or renewal.

Signature of Applicant X _____ Date _____ Time _____ AM PM

Signature of Producer X _____ Date _____ Time _____ AM PM