

COMMERCIAL VEHICLE APPLICATION

UNDERWRITTEN BY
SUTTER
 Insurance Company

Submit To:
NATIONAL ADVANTAGE INSURANCE SERVICES
P.O. BOX 1065
TUSTIN, CA 92781-1065
PHONE: (714) 505-1015 FAX: (714) 505-1025

GENERAL	1. Name of applicant: _____ <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
	2. Mailing address: _____ <small style="display: block; text-align: center;">Street Address City County State Zip</small>
	3. Applicant's business: _____ 4. Years in business: _____
	5. Principal Garaging Location: _____ <small style="display: block; text-align: center;">Street Address City County State Zip</small>
	6. Phone Number: (____) _____ 7. Date coverage desired: _____
	8. Estimated financial worth: \$ _____ 9. Gross receipts/last year: \$ _____ 10. Estimated next year: \$ _____

OPERATIONS	1. Does applicant rent or lease equipment to others without drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", what is DMV Filing #? _____
	2. What is applicant's Federal Filing #? _____ Are all vehicles owned or operated by the Applicant listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. List all cargo carried: _____
	4. Does applicant own cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" then who owns it? _____
	5. Does applicant rent or lease equipment to others without drivers? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Does applicant Hire Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what is estimated annual cost of hire? _____
	7. Does applicant use sub-haulers? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. What is Applicants maximum radius of operation? _____
	9. What are the largest cities traveled through? _____
	10. List all states vehicles are operated in? _____

PRIOR CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS										
HISTORY	From		To		Company Name	Policy No.	Liability Losses		Physical Damage Losses	
	Mo	Yr	Mo	Yr			Number	Amount	Number	Amount
								\$		\$
								\$		\$
								\$		\$
								\$		\$

Has insurance been cancelled or refused by any company in the last 3 years? Yes No Explain: _____

DRIVER INFORMATION	#	Driver's Full Name	Date of Birth	Driver's License Info		No. Yrs. Comm'l Driving	No. Yrs. Employed By Applicant	No. of Accidents Last 3 Yrs.	No. of Minor Violations Last 3 Yrs.	No. of Major Violations Last 3 Yrs.
				State	License Number					
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									

ADDITIONAL INFORMATION	1. Does applicant employ drivers under age 25? <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Do drivers hold Class A or B license? <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Number of drivers employed for under 1 year: _____
	4. Are driving records checked and ordered on new drivers at or prior to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No

Thank you for considering Sutter Insurance Company as your Insurance Carrier. As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Depending on the size and use, the California Department of Motor Vehicles requires that certain commercial autos carry limits of liability up to \$750,000. The applicant hereby acknowledges that he is aware of such requirements and represents that the limits being applied for on this application are in compliance with the Department of Motor Vehicle Regulations.

Liability Limits Requested:
 Liability (each accident): \$_____ (Combined Single Limit) Medical Payments (each accident): \$_____ Uninsured Motorist (each accident): \$_____

Split Liability Limits Requested:
 Bodily Injury Liability (each person): \$_____ Bodily Injury Liability (each accident): \$_____ Property Damage Limit: \$_____

VEHICLES	UNIT NO.	YEAR MODEL	TRADE NAME	BODY TYPE	SERIAL NUMBER	GROSS VEHICLE WEIGHT	ISO TERRITORY	OTHER
	1							
	2							
	3							
	4							
	5							

IF PHYSICAL DAMAGE COVERAGES DESIRED, COMPLETE SPACES BELOW IN DETAIL FOR EACH RESPECTIVE UNIT ABOVE:

PHYSICAL DAMAGE	UNIT NO.	DATE PURCHASED MO YR	PURCHASED NEW/USED	AMOUNT OF INSURANCE	SPECIFIED PERILS DEDUCTIBLE	COLLISION DEDUCTIBLE	LIENHOLDER
	1						
	2						
	3						
	4						
	5						

NOTICE TO APPLICANT

BY MY SIGNATURE I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE WITH THE FOLLOWING:

1. THAT WITH THE GUIDANCE OF MY BROKER AS DEFINED IN SECTION 1623 OF THE CALIFORNIA INSURANCE CODE, WHO IS INDICATED WITHIN THIS APPLICATION AND DO HEREBY APPLY FOR A POLICY OF INSURANCE SET FORTH ABOVE ON THE BASIS OF STATEMENTS CONTAINED HEREIN.
2. THAT THE FACTS STATED HEREIN TO BE TRUE AND REQUEST THE COMPANY TO ISSUE THE INSURANCE POLICY AND ANY RENEWALS THERE FROM IN RELIANCE HEREON.
3. THAT THE INSURANCE APPLIED FOR WILL EXCLUDE COVERAGE ON ANY COVERED AUTO WHILE IT IS IN THE CUSTODY OF OR OPERATED BY DRIVERS UNDER 25 YEARS OF AGE, UNLESS SUCH PERSON IS NAMED AS A DRIVER IN THIS APPLICATION OR IS ADDED BY ENDORSEMENT TO THE POLICY, AND VEHICLES RENTED OR LEASED TO OTHERS WITHOUT DRIVERS.
4. THAT NO INSURANCE SHALL BE EFFECTIVE UNTIL THE COMPANY, OR ITS AUTHORIZED REPRESENTATIVE APPROVES THIS APPLICATION.
5. THAT THIS PROGRAM MAY BE AVAILABLE WITH A MONTHLY PAYMENT OPTION, AND THAT THERE WILL BE A BILLING FEE EACH BILLING CYCLE THAT THE ANNUAL PREMIUM BALANCE IS NOT PAID IN FULL AS FOLLOWS:

<u>WRITTEN PREMIUM</u>	<u>MONTHLY BILLING FEE</u>
\$0 - \$5,000	\$15
\$5,001 - \$10,000	\$25
\$10,001 - \$20,000	\$50
\$20,001 AND ABOVE	\$100

Signature of Applicant:

Date: _____

NOTICE TO BROKER

BY MY SIGNATURE I HEREBY DECLARE THAT ALL COVERAGES, LIMITATIONS AND EXCLUSIONS CONTAINED IN THE INSURANCE BEING APPLIED FOR HAVE BEEN REVIEWED WITH AND EXPLAINED TO THE APPLICANT.

Name of Producing Broker:

Address:

City:

Signature of Producing Broker:

Date: _____