



**CALIFORNIA COMMERCIAL AUTOMOBILE
SUPPLEMENTAL APPLICATION**
PLEASE TYPE OR PRINT

PREVIOUS CARRIER: _____

PAYMENT OPTIONS - CHECK ONE
ANNUAL TERM ONLY

BINDING #: _____

POLICY #: _____

AMOUNT OF CHECK _____

DATE OF BINDING CALL/FAX: _____

EXPIRATION DATE: _____

___ PAID IN FULL - 12 MONTHS
___ 40% DOWN/3 PAYMENTS
___ 30% DOWN/5 PAYMENTS
___ 20% DOWN/8 PAYMENTS*
___ 15% DOWN/9 PAYMENTS*

TIME OF BINDING CALL/FAX: _____

WAS PRIOR POLICY WRITTEN
THROUGH THIS AGENCY? ___ YES ___ NO

INDIVIDUAL BINDING: _____

PREVIOUS EXPLORER POLICY #: _____

*The 8 & 9 pay options are not available if a MCP
Filing Required

Processing and late fees will be charged on installment
plans. \$12 processing fee per installment. \$12 late fee
per late payment.

POLICY RATING

EXPERIENCE RATED

OUTSIDE PREMIUM FINANCING UNACCEPTABLE

Policies cancelled for non-pay or by the insured will be
short rated.

EXPLORER SELECT DISCOUNT

GROSS PAYMENT FROM INSURED MUST BE
SUBMITTED WITH APPLICATION
COMMISSION PAID VIA MONTHLY STATEMENT

PREFERRED SERVICE AND CONTRACTOR DISCOUNT

-HAS APPLICANT BEEN IN BUSINESS AND
INSURED FOR 3 YEARS YES NO

MUST ATTACH 12 MO. PROOF OF PRIOR TO QUALIFY

Driver Information

| DR # | Marital Status | Rel. To Applicant | Accidents (Attach Proof of Non Fault) | | | | Violations | | | | Total Driving Record Points | Non Driving Points | Total Points | |
|------|----------------|-------------------|---------------------------------------|---|------|---|------------|------|------|------|-----------------------------|--------------------|--------------|--|
| | | | Date | Fault | Date | Fault | Date | Type | Date | Type | | | | |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | |

VEHICLE CONDITION

SALVAGED AND GREY MARKET VEHICLES ARE UNACCEPTABLE

IS ANY VEHICLE DAMAGED OR HAVE ANY BROKEN GLASS ___ YES ___ NO

IF YES, EXPLAIN: VEH # _____ AMOUNT OF DAMAGE \$ _____
VEH # _____ AMOUNT OF DAMAGE \$ _____

For Private Passenger Type Vehicles Only

| Veh. # | Annual Mileage | Current Odometer Reading | Veh. Type | | Rental Reimb. Requested |
|--------|----------------|--------------------------|---|------------------------------|-------------------------|
| | | | <input type="checkbox"/> Std. <input type="checkbox"/> 4X4 | Yes <input type="checkbox"/> | |
| | | | <input type="checkbox"/> HPerf. <input type="checkbox"/> Sports | No <input type="checkbox"/> | |
| | | | <input type="checkbox"/> Std. <input type="checkbox"/> 4X4 | Yes <input type="checkbox"/> | |
| | | | <input type="checkbox"/> HPerf. <input type="checkbox"/> Sports | No <input type="checkbox"/> | |
| | | | <input type="checkbox"/> Std. <input type="checkbox"/> 4X4 | Yes <input type="checkbox"/> | |
| | | | <input type="checkbox"/> HPerf. <input type="checkbox"/> Sports | No <input type="checkbox"/> | |
| | | | <input type="checkbox"/> Std. <input type="checkbox"/> 4X4 | Yes <input type="checkbox"/> | |
| | | | <input type="checkbox"/> HPerf. <input type="checkbox"/> Sports | No <input type="checkbox"/> | |

Vehicle Value Information

| Veh. # | Retail Blue Book Value | Describe Additional Equip. To Be Covered | Value | Total Value |
|--------|------------------------|--|-------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*Attach receipts for equipment if total value over \$1,000

SUPPLEMENTAL UNDERWRITING QUESTIONS - (EXPLAIN ALL "YES" ANSWERS)

- | | YES | NO |
|---|-----|-----|
| 1. HAS ANY DRIVER EVER BEEN TREATED FOR EPILEPSY, DIABETES, HEART CONDITION OR MENTAL IMPAIRMENT? (IF YES, CALL FOR APPROVAL) _____ | ___ | ___ |
| 2. HAS ANY DRIVER BEEN LICENSED IN ANOTHER STATE WITHIN THE LAST THREE YEARS? _____ IF YES, PROVIDE: NAME: _____ DL# _____ STATE: _____ NAME: _____ DL# _____ STATE: _____ | ___ | ___ |
| 3. IS ANY VEHICLE DRIVEN TO MORE THAN 3 JOB SITES PER DAY? _____ | ___ | ___ |
| 4. HAS ANY DRIVER HAD A RESTRICTED OR EXPIRED LICENSE? _____ | ___ | ___ |
| 5. ANY VEHICLES IN THE HOUSEHOLD OR OWNED BY APPLICANT NOT INSURED BY EXPLORER? _____ | ___ | ___ |
| 6. ARE ALL VEHICLES OWNED BY APPLICANT, PERSONAL AND COMMERCIAL, LISTED ON APPLICATION? _____ | ___ | ___ |
| 7. IS ANY VEHICLE USED IN BUSINESS OF TRUCKING FOR OTHERS? (UNACCEPTABLE) _____ | ___ | ___ |
| 8. ARE NON-OWNED VEHICLES USED IN THE BUSINESS? _____ | ___ | ___ |
| 9. DOES APPLICANT RENT OR LEASE VEHICLES TO OTHERS? (UNACCEPTABLE) _____ | ___ | ___ |
| 10. DOES APPLICANT TRANSPORT ANY COMMODITIES DEFINED AS HAZARDOUS? (UNACCEPTABLE) _____ | ___ | ___ |

SR22 FILINGS: (Filings not for excluded drivers or employees)

NAME OF PERSON REQUIRING FILING: _____
REASON FOR FILING: _____
*EXPLORER MUST INSURE ALL VEHICLES IN
HOUSEHOLD IF FILING REQUESTED

IS MCP FILING REQUESTED? ___ YES ___ NO
*NOTE MINIMUM LIMITS OF 300 OR 750 CSL MAY BE REQUIRED

IF YES, EXACT NAME AS REGISTERED: _____
CA# _____

DRIVER EXCLUSION (MUST BE COMPLETE)

NAME BELOW all per sons, except those listed on page two, who re side with the applicant, INCLUDING ALL MINOR CHILDREN, and EMPLOYEES whom you wish to exclude from cover age. All per sons, including unmarried children away at school or in the armed forces, will be excluded from cover age unless listed as a driver on page two. The Named Insured agrees to reimburse the Company for any payment made by the Company to a Loss Payee, because of loss arising from the operation or use of a motor vehicle by a per son listed below:

| Name(s) (Print) If none, so State | Age | MO/DY/YR OF BIRTH | Relation to Appl. | Signature of Excluded Spouse Required |
|-----------------------------------|-----|-------------------|-------------------|---------------------------------------|
| | | | | |
| | | | | |
| | | | | |

This exclusion applies to any use or operation of a motor vehicle by the designated individual, including any claim of negligent entrustment of a vehicle to the designated individual(s).

The California Insurance Code requires an insurer to provide Uninsured Motorist coverage in each bodily injury liability policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Such section also permits the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured Motorist coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

I have read the above, and agree to the deletion of all coverages including uninsured motorist coverage while the insured vehicle is driven by an excluded driver. The deletion applies to this policy, or any recoverable damages to the insured, or any other person qualifying for coverage, caused by an uninsured motorist. The deletion applies to this policy, or any continuation, renewal or replacement of the policy by the named insured, or the policy's reinstatement within 30 days of any lapse.

Accepted: **X**

Have the Applicant handwrite: "I HAVE READ AND UNDERSTAND THIS WAIVER"

Signature of Applicant (Named Insured)

Date

AGREEMENT DELETING UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

NOTE: If Uninsured Motorist Coverage is NOT to be included, the Applicant must sign this waiver.
If Named Insured is age 17 or under, waiver must also be signed by a parent or legal guardian.

DELETION OF UNINSURED MOTORIST COVERAGE FROM THIS POLICY

The California Insurance Code requires an insurer to provide Uninsured Motorist coverage in each bodily injury liability policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Such section also permits the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured Motorist coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

Accepted: **X**

Have the Applicant handwrite: "I HAVE READ AND UNDERSTAND THIS WAIVER"

Signature of Applicant (Named Insured)

Date

AGREEMENT REDUCING UNINSURED/UNDERINSURED MOTORIST COVERAGE

The California Insurance Code states that you may purchase Uninsured Motorist Bodily Injury (UMBI) coverage with limits of liability lower than the bodily injury limits afforded. I want UMBI in the following limit for this policy and all subsequent renewals, which I understand is a limit lower than that required by subdivision (m) of Section 11580.2 of the California Insurance Code.

Check Limits Purchased: \$15,000/30,000 \$25,000/50,000 \$30,000/60,000 \$50,000/100,000 \$100,000/300,000

I have read the above, and agree to the reduced Uninsured Motorist Bodily Injury limits selected above.

Accepted: **X**

Have the Applicant handwrite: "I HAVE READ AND UNDERSTAND THIS WAIVER"

Signature of Applicant (Named Insured)

Date

AGREEMENT DELETING UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE

The California Insurance Code requires insurers to offer coverage for damage to the insured motor vehicle, to the extent that you are legally entitled to recover from the owner or operator of the uninsured motor vehicle, caused by an uninsured motor vehicle, that either 1) pays the collision deductible on the insured motor vehicle when you have purchased collision coverage; or 2) pays for the damage to the insured motor vehicle and shall not exceed the smaller of the actual cash value of the insured motor vehicle or \$3,500.

I have read the above, and agree to the deletion of Uninsured Motorist Property Damage Coverage.

Accepted: **X**

Have the Applicant handwrite: "I HAVE READ AND UNDERSTAND THIS WAIVER"

Signature of Applicant (Named Insured)

Date

AGREEMENT DELETING UNINSURED MOTORIST COLLISION DEDUCTIBLE WAIVER COVERAGE

If you are covered for uninsured motorist bodily injury insurance and your vehicle is covered for collision insurance, then you are eligible to purchase Uninsured Motorist Collision Deductible Waiver coverage. Uninsured Motorist Collision Deductible Waiver coverage provides that if your vehicle is damaged as the result of direct physical contact with an uninsured motor vehicle then your deductible under collision coverage will be waived.

I have read the above, and agree to the deletion of Uninsured Motorist Collision Deductible Waiver coverage.

Accepted: **X**

Have the Applicant handwrite: "I HAVE READ AND UNDERSTAND THIS WAIVER"

Signature of Applicant (Named Insured)

Date

EXPLORER INFORMATION PRACTICES

This application is the major source of information which we will use in evaluating your insurability. In conjunction with your application, we may collect information from third parties, such as the State DMV, concerning your driving record. In certain circumstances we may disclose some of this information to third parties, such as other insurers. It is your right to have access to certain items of information collected and to request correction if inaccurate. If you wish to have a more detailed description of our information practices, please contact us directly.

CERTIFICATION OF APPLICANT

I certify that I have read this application in full and that all information I provided is true and complete to the best of my knowledge. I agree that the policy, if issued, may be subject to an adjustment in the premium due, the policy period requested, coverage limits or deductibles as a result of my driving record or other underwriting factors. I further understand that any false statement, omission or misrepresentation that would otherwise alter the Company's evaluation of my insurability may result in a rescission of coverage. I further understand and agree that if any remittance by me, or on my behalf (except by the agent or broker), is not honored by my bank, coverage may be rescinded and there will be no coverage afforded under this application or any subsequent binder, policy or renewal.

A.M.

DATE _____

P.M. **X**

Signature of Applicant

A.M.

DATE _____

P.M. **X**

Signature of Producer