

**SUPPLEMENTAL APPLICATION TO ACORD FORMS FOR COMMERCIAL AUTO**

**PRODUCER'S NAME AND ADDRESS:**

**NAMED INSURED AND ADDRESS** (incl all named insureds)

**PRODUCER CODE:**

**PHONE:**

**FAX:**

**INSURED FEIN:**

**GENERAL INFORMATION:** (Explain all "YES" responses below or on the last page.)

1. Please give a description of the Insured's Operations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. How are the vehicles used? \_\_\_\_\_  
 \_\_\_\_\_

3. Yes  No  Do any vehicles have permanently attached equipment?  
 If Yes, which vehicles? \_\_\_\_\_  
 Value of the equipment? \_\_\_\_\_

a) Yes  No  Does the Insured own any Booms, Cranes, Buckets or Cherry Pickers? \_\_\_\_\_

b) Yes  No  Does the Insured own any mobile equipment? \_\_\_\_\_

c) Yes  No  Does the Insured work with or transport hazardous materials? \_\_\_\_\_

4. Yes  No  Are any vehicles used to transport people? \_\_\_\_\_

5. Yes  No  Does the Insured Transport Goods for others? \_\_\_\_\_

6. Yes  No  Does the Insured ever have property of others in their Care, Custody or Control? \_\_\_\_\_

7. Yes  No  Does the Insured ever work on any motorized vehicles? \_\_\_\_\_

8. Yes  No  Is the Insured involved in any Rental or Leasing Operations short-term or long-term? \_\_\_\_\_

9. **If the Insured does any delivery:**

a) Yes  No  Are there any time constraints or schedule deadlines involved? \_\_\_\_\_

b) Yes  No  Are the drivers on scheduled routes? \_\_\_\_\_

10. Yes  No  Does the applicant's work ever include any of the following?

- |   |  |
|---|--|
| <input type="checkbox"/> Airports           | <input type="checkbox"/> Mining Operations             |
| <input type="checkbox"/> Bridges            | <input type="checkbox"/> Raceway/Racetrack             |
| <input type="checkbox"/> Boats/Docks/Marine | <input type="checkbox"/> Railroad/Railway              |
| <input type="checkbox"/> Farms or Ranches   | <input type="checkbox"/> Scrap/Trash or Waste Disposal |

**Please complete if any of the vehicles scheduled on the policy are used by family members and/or employees are permitted to take vehicles home at night.**

**PLEASE PROVIDE INFORMATION ON ALL FAMILY MEMBERS WHO USE COMPANY OWNED VEHICLES :**

	1	2	3	4
Name	_____	_____	_____	_____
Age	_____	_____	_____	_____
Vehicle Driven	_____	_____	_____	_____
Use	_____	_____	_____	_____
How Often	_____	_____	_____	_____

Do employees take vehicles home at night?  Yes  No (Please provide details)

Where is the vehicle garaged? \_\_\_\_\_

Yes  No

Is personal use by the employee permitted?

Yes  No

Are family members permitted to use the vehicles?

If yes, explain? \_\_\_\_\_

Yes  No

Is there a company written policy for use of vehicles that employees take home at night? (If

Yes, please attach a copy).

**HIRED AND NON OWNED AUTO COVERAGE**

1. Why is non-ownership auto liability being requested? \_\_\_\_\_

2. Does the Insured own any other vehicles not currently listed on the vehicle schedule?  Yes  No  
If Yes, how & where are they presently insured? \_\_\_\_\_

3. What types of non-owned autos will be used in the Insured's business? \_\_\_\_\_

4. What are these non-owned autos used for? \_\_\_\_\_

5. How often will non-owned autos be used in the Insured business?  Daily  Weekly  Monthly

6. Why is Hired Auto Coverage being requested? \_\_\_\_\_

Does the Insured, or do the employees, rent autos on the Insured's behalf?

Yes  No

If Yes, how often are the autos being rented/leased?

Daily  Weekly  Monthly

a) Are vehicles leased for six months or longer?

Yes  No

Rented for six months or less?

Yes  No

b) If less than six months, please describe length of time and frequency:

8. Does the Insured require employees who drive their own autos on company business to have their own insurance?

Yes  No Number of Employees \_\_\_\_\_

9. Will the Insured use non-owned autos other than those owned by employees?  Yes  No

If Yes, please describe fully \_\_\_\_\_

**FOR SECURITY GUARD OPERATIONS ONLY:**

1. Yes  No  Are the guards armed?
2. How many years has the Insured been in business? \_\_\_\_\_
3. On a normal shift, how many sites will a guard visit and what kind of operations are those sites? (i.e. Offices, Retail, Construction, Bars/Taverns) \_\_\_\_\_  
\_\_\_\_\_
4. How many of the company vehicles are used in road patrols vs. on site use only? \_\_\_\_\_  
\_\_\_\_\_
5. Do Investigators use any of the vehicles? \_\_\_\_\_
6. What is the Insured's policy regarding pursuit? \_\_\_\_\_  
\_\_\_\_\_
7. How many employees to a vehicle? \_\_\_\_\_

**ADDITIONAL SPACE FOR EXPLANATIONS OF "YES" ANSWERS FROM PRIOR PAGES.**

**NOTE – THE APPLICANT, BY SIGNING THIS FORM, AGREES TO NOTIFY THEIR AGENT OF ANY DRIVER CHANGES DURING THE POLICY PERIOD.**

**APPLICANT'S SIGNATURE WARRANTS AUTHORIZATION TO REQUEST FINANCIAL INFORMATION ON THE INSURED AND INDIVIDUAL PARTNERS**

**Acknowledgement & Representations of Applicant**

Applicant authorizes Arrowhead General Insurance Agency to gather credit and other general information on the applicant for the purposes of evaluating the acceptability of the Applicant and the insurance application. Arrowhead General Insurance Agency will not give this information to any third parties without the consent of the applicant or as required by law.

**I, THE UNDERSIGNED APPLICANT HEREBY DECLARE:**

- A) I HAVE PERSONAL KNOWLEDGE OF EACH OF THE FACTS PROVIDED IN THE APPLICATION MATERIALS AND REPRESENT THAT THE INFORMATION PROVIDED, TOGETHER WITH ANY ATTACHMENTS, SUPPLEMENTS, OR APPENDED MATERIALS (COLLECTIVELY REFERRED TO AS "APPLICATION MATERIALS"), IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B) I UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION PROVIDED ON THIS APPLICATION FOR PRESENT OR FUTURE OPERATIONS ARE GROUNDS FOR DENIAL OF ANY CLAIMS PRESENTED UNDER THE COVERAGE PROVIDED AND MAY RESULT IN A RESCISSION OF THE POLICY. IF MY POLICY IS RESCINDED, THE POLICY WILL BE CONSIDERED NULL AND VOID, AS IF NO POLICY HAD EVER BEEN ISSUED AND THE FULL PREMIUM WILL BE REFUNDED.
- C) I AM A PERSON DULY AUTHORIZED TO SUBMIT THE INFORMATION CONTAINED IN THIS APPLICATION AND REPRESENT THAT IT IS CORRECT TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
**APPLICANT** (DATE)

I HAVE EXPLAINED THE APPLICATION MATERIALS AND THE POLICY PROVISIONS TO THE APPLICANT'S SATISFACTION. THE APPLICANT HAS PERSONALLY SIGNED THE APPLICATION.

\_\_\_\_\_  
**PRODUCER** (DATE)