AGENCY CUSTOMER ID: _____

ACORD®

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIVER INFORMATION

☐ ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

* MARITAL STATUS / CIVIL UNION (if applicable)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?	
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	
4. ARE ANY VEHICLES LEASED TO OTHERS?	
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)	
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)	

VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER

VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST
		$			$

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GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	
8. ANY HOLD HARMLESS AGREEMENTS?	
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?	
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?	

APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:

1. **A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or**
2. **A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.**

DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV

15. HAS AGENT INSPECTED VEHICLES?	
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	

DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS
	$

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ LOSS PAYEE ☐ EMPLOYEE AS LESSOR ☐ OWNER ☐ LIENHOLDER ☐ REGISTRANT ☐	REFERENCE / LOAN #:	VEHICLE: LOCATION:

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ LOSS PAYEE ☐ EMPLOYEE AS LESSOR ☐ OWNER ☐ LIENHOLDER ☐ REGISTRANT ☐	REFERENCE / LOAN #:	VEHICLE: LOCATION:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

VEHICLE DESCRIPTION ☐ **ACORD 129 attached for additional vehicles**

AGENCY CUSTOMER ID: _____

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
									$

USE					CHECK COVERAGES													DEDUCTIBLES					
☐	COMM'L	☐	FOR HIRE	☐	☐	ADD'L NO-FAULT	☐	UNDRINS MOTOR	☐	F	☐	LSP	☐	RENT REIMB	☐	ACV	☐	COMP/ OTC	☐	SPEC C OF L
☐	PLEASURE	☐	RETAIL	☐	☐	LIAB	☐	MED PAY	☐	TOWING & LABOR	☐	FT	☐	COMP/ OTC	☐	FG	☐	AA	☐	ST AMT	$		
☐	FARM	☐	SERVICE		☐	NO-FAULT	☐	UNINS MOTOR	☐	SPEC C OF L	☐	FTW	☐	COLL	☐		$		$			COLL

DRIVE TO WORK / SCHOOL	☐	< 15 MILES	☐	15 MILES +	NET VEH DR/CR:	TOTAL PREM: $

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
									$

USE					CHECK COVERAGES													DEDUCTIBLES					
☐	COMM'L	☐	FOR HIRE	☐	☐	ADD'L NO-FAULT	☐	UNDRINS MOTOR	☐	F	☐	LSP	☐	RENT REIMB	☐	ACV	☐	COMP/ OTC	☐	SPEC C OF L
☐	PLEASURE	☐	RETAIL	☐	☐	LIAB	☐	MED PAY	☐	TOWING & LABOR	☐	FT	☐	COMP/ OTC	☐	FG	☐	AA	☐	ST AMT	$		
☐	FARM	☐	SERVICE		☐	NO-FAULT	☐	UNINS MOTOR	☐	SPEC C OF L	☐	FTW	☐	COLL	☐		$		$			COLL

DRIVE TO WORK / SCHOOL	☐	< 15 MILES	☐	15 MILES +	NET VEH DR/CR:	TOTAL PREM: $

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
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☐	COMM'L	☐	FOR HIRE	☐	☐	ADD'L NO-FAULT	☐	UNDRINS MOTOR	☐	F	☐	LSP	☐	RENT REIMB	☐	ACV	☐	COMP/ OTC	☐	SPEC C OF L
☐	PLEASURE	☐	RETAIL	☐	☐	LIAB	☐	MED PAY	☐	TOWING & LABOR	☐	FT	☐	COMP/ OTC	☐	FG	☐	AA	☐	ST AMT	$		
☐	FARM	☐	SERVICE		☐	NO-FAULT	☐	UNINS MOTOR	☐	SPEC C OF L	☐	FTW	☐	COLL	☐		$		$			COLL

DRIVE TO WORK / SCHOOL	☐	< 15 MILES	☐	15 MILES +	NET VEH DR/CR:	TOTAL PREM: $

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
									$

USE					CHECK COVERAGES													DEDUCTIBLES					
☐	COMM'L	☐	FOR HIRE	☐	☐	ADD'L NO-FAULT	☐	UNDRINS MOTOR	☐	F	☐	LSP	☐	RENT REIMB	☐	ACV	☐	COMP/ OTC	☐	SPEC C OF L
☐	PLEASURE	☐	RETAIL	☐	☐	LIAB	☐	MED PAY	☐	TOWING & LABOR	☐	FT	☐	COMP/ OTC	☐	FG	☐	AA	☐	ST AMT	$		
☐	FARM	☐	SERVICE		☐	NO-FAULT	☐	UNINS MOTOR	☐	SPEC C OF L	☐	FTW	☐	COLL	☐		$		$			COLL

DRIVE TO WORK / SCHOOL	☐	< 15 MILES	☐	15 MILES +	NET VEH DR/CR:	TOTAL PREM: $

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER