

COMMERCIAL AUTOMOBILE APPLICATION

Today's Date		Desired Effective Date		Prior Expiration Date	
Prior Carrier Name			Prior Policy Number		
Full Company Name					
DBA Name (if applicable)					
Street Address					
City/State/ZIP					
IICRC Certified Firm?: Yes	No				
Brief Description of Operations					
Contact Person			Email		
Phone			Is Garaging Address Same as Mailing Address? If Not Enter Below		
Fax					
Garaging Address					
Number of Employees		New In Business?		Business Start Year	
Do you have special equipment (permanently attached to vehicle)			If Yes, what is the value of the equipment?		
Truck Loss Payee (name and address) Applies to leased/financed vehicles					
Other Additional Insured (name, address, and relationship to client)					
Coverages: List Coverages and Limits Desired (if unknown leave blank)					
Driver 1:					
Full Name	State	License Number	DOB	Year First Licensed	
Driver 2:					
Full Name	State	License Number	DOB	Year First Licensed	
Driver 3:					
Full Name	State	License Number	DOB	Year First Licensed	
Vehicle 1:					
Year	Make	Model	Sub-model	Cost New (MSRP)	
VIN # - (17 characters)	Veh Radius (50, 200 or 200+ miles)		Garaging City and ZIP		

Please add additional drivers and vehicles on second page.

Driver 4:				
Full Name	State	License Number	DOB	Year First Licensed
Driver 5:				
Full Name	State	License Number	DOB	Year First Licensed
Driver 6:				
Full Name	State	License Number	DOB	Year First Licensed
Driver 7:				
Full Name	State	License Number	DOB	Year First Licensed
Driver 8:				
Full Name	State	License Number	DOB	Year First Licensed
Driver 9:				
Full Name	State	License Number	DOB	Year First Licensed
Driver 10:				
Full Name	State	License Number	DOB	Year First Licensed
Vehicle 2:				
Year	Make	Model	Sub-model	Cost New (MSRP)
VIN # - (17 characters)		Veh Radius (50, 200 or 200+ miles)		Garaging City/ZIP
Vehicle 3:				
Year	Make	Model	Sub-model	Cost New (MSRP)
VIN # - (17 characters)		Veh Radius (50, 200 or 200+ miles)		Garaging City/ZIP
Vehicle 4:				
Year	Make	Model	Sub-model	Cost New (MSRP)
VIN # - (17 characters)		Veh Radius (50, 200 or 200+ miles)		Garaging City/ZIP

Add extra vehicles or drivers by attachment with all details required on this page.

Supplemental Questions

1. a. Is the company owned by 1 person? _____ If Yes, Provide Full Name and Birth Date:

b. If owned by one person, is owners residential address same as business address? Yes____ No____
If not same please provide owners residential address below.

2. Is there any transportation of Hazardous Materials? Yes____ No____
3. Are any of your private passenger vehicles co-titled or individually owned? Yes____ No____
(For the purposes of this application, private passenger vehicles are sedans and suvs primarily used only to tranport people and not equipment to/from work)
4. Do you haul goods of others for hire? Yes____ No____
5. Do you haul exclusively for one business? Leave blank if you answered "NO" to question #4. Yes____ No____
6. Is any vehicle used as a rolling store? Yes____ No____
7. Are any trailers used as a showroom? Yes____ No____
8. Any operator with a Major violation in the last 3 years or currently with an open suspension or a revoked, expired, temporary/permit license? Yes____ No____
9. Any operator with 4 or more at fault accidents and/or minor violations in the last 3 years? Yes____
No____
10. Preferred Billing Frequency (Pay in full results in 10% discount)
Monthly____ Annual (pay in full) _____
11. Preferred Payment Type (Checking account results in policy discount plus installment fee discount) :
Checking/Savings____ Credit Card_____

DO NOT JEOPARDIZE YOUR COVERAGE – REPORT ALL DRIVERS

Allstate requires anyone driving the vehicles on this policy to be on the driver schedule. Should an unscheduled driver be involved in a claim, Allstate reserves the right to cancel or non-renew coverage.

FOR YOUR INFORMATION, ALLSTATE MAY ORDER PERSONAL CREDIT REPORTS (except in CA, HI, NY and RI), MOTOR VEHICLE REPORTS, LOSS INFORMATION REPORTS AND/OR OTHER FINANCIAL REPORTS IN CONJUNCTION WITH YOUR APPLICATION FOR INSURANCE. PERSONAL CREDIT REPORTS AND LOSS INFORMATION REPORTS ARE ORDERED ON NAMED INSURED ONLY. IF THE NAMED INSURED IS AN INDIVIDUAL OR A SOLE PROPRIETOR, WE WILL ORDER A PERSONAL CREDIT REPORT (except in CA, HI, NY and RI) AND LOSS INFORMATION REPORT ONLY ON THAT INDIVIDUAL OR SOLE PROPRIETOR. IF THE NAMED INSURED IS A PARTNERSHIP, WE WILL ORDER A COMMERCIAL CREDIT REPORT ON THE PARTNERSHIP THROUGH DUN & BRADSTREET AND LOSS INFORMATION REPORTS ON ANY PARTNER TO BE COVERED UNDER THE REQUESTED INSURANCE. IF THE NAMED INSURED IS A CORPORATION OR LIMITED LIABILITY COMPANY, WE WILL ORDER A COMMERCIAL CREDIT REPORT. IF A CORPORATION OR LIMITED LIABILITY COMPANY IS OWNED BY A SINGLE INDIVIDUAL, AND IF WE ARE UNABLE TO OBTAIN A COMMERCIAL CREDIT REPORT THROUGH DUN & BRADSTREET, WE WILL ORDER A PERSONAL CREDIT REPORT ON THAT INDIVIDUAL (except in CA, HI, NY and RI). THE TYPES OF REPORTS WE ORDER AND HOW THEY ARE USED MAY VARY BY STATE. IF YOU WOULD LIKE TO KNOW THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCIES FROM WHICH WE ORDER THESE REPORTS, PLEASE LET ME KNOW. IF CUSTOMER REQUESTS, PROVIDE THE NAME AND ADDRESS (PHONE IS ALSO INCLUDED FOR CONVENIENCE) CHOICEPOINT INSURANCE CONSUMER CENTER - ADDRESS: P.O. BOX 105108 ATLANTA, GA 30348-5108 - PHONE: (800) 456-6004 - TRANS UNION NATIONAL DISCLOSURE CENTER - ADDRESS: 2 BALDWIN PLACE, P.O. BOX 1000 CHESTER, PA 19022 PHONE: (888) 503-0048 - DUN & BRADSTREET CUSTOMER SERVICE ADDRESS: 103 JFK PARKWAY SHORT HILLS, NJ 07078

X

Signature of Named Insured

Date

Print Name

Title

RJA Randy Jones
& Associates

A member of the

 **Leavitt Group**