DEPENDING ON THE RISK AND COVERAGES, OTHER FORMS MAY BE REQUIRED TO COMPLETE THIS APPLICATION.

CENTURY-NATIONAL INSURANCE COMPANY

Commercial Auto Application

Coverage will be effective no earlier than day after post mark of this application, or time of FAX.

BROKER: | PHONE: | QUOTE # | BROKER #

APPLICANT / BUSINESS NAME:

PHYSICAL ADDRESS 1: | PHYSICAL ADDRESS 2:

CITY: | STATE: | ZIP: | PHONE:

INSPECTION CONTACT: | PHONE:

STATUS OF SUBMISSION: | EFFECTIVE DATE REQUESTED: | ORGANIZATION TYPE: | DEFINE OTHER:

PREMIUM FINANCE COMPANY: | DESCRIBE BUSINESS:

TYPE OF BUSINESS: | DATE BUSINESS ESTABLISHED:

DESCRIBE **USE** OF VEHICLES:

VEHICLE GARAGED: | DEFINE OTHER:

COVERAGES	LIMITS REQUESTED	(Specific physical damage deductibles by each vehicle).	
LIABILITY INSURANCE	$	☐ NONOWNERSHIP LIABILITY LIMIT:	☐ HIRED AUTO LIABILITY
MEDICAL PAYMENTS	$	☐ APPLY TO ALL VEHICLES ☐ APPLY TO NONE	☐ APPLY ONLY TO VEH. #
UNINSURED MOTORISTS	$	☐ APPLY TO ALL VEHICLES	☐ APPLY TO NONE
RENTAL REIMBURSEMENT	$	☐ APPLY TO ALL VEHICLES ☐ APPLY TO NONE	☐ APPLY ONLY TO VEH. #

DRIVE OTHER CAR COVERAGE ON DRIVERS

ANY OTHER COVERAGE

PRIOR INSURANCE INFORMATION

	CARRIER	POLICY NUMBER	LIABILITY LIMIT	PREMIUM	LOSSES: NUMBER OF LOSSES	LOSSES: TOTAL PAID	LOSSES: TOTAL RESERVES OPEN
LAST YEAR							
2 YEARS PRIOR							
3 YEARS PRIOR							

LOSS HISTORY

DATE OF LOSS	EXPLANATION OF LOSS	PAID	RESERVED	DRIVER INVOLVED	CHECK (IF STILL EMPLOYED)

NOTICE APPLICANT

Careful completion of the application will ensure proper rating and prompt delivery of your policy. Any false statement, omission or misrepresentation that would otherwise alter the Company's evaluation of you will result in a recission of your coverage.

By my signature, I hereby warrant that I have read this application and that all information was filled in before I signed and that the information is true and correct to the best of my knowledge. I agree that such policy, if issued, may be subject to an adjustment in the premium due, the policy period requested, or the amount of deductible as a result of my driving record or other underwriting factors.

I also fully,understand and agree that if any remittance by me, or on my behalf (except by broker), is not honored by the payor (Bank), coverage will be rescinded; and no coverage or considerations will have been afforded under this application and any subsequent binder, policy or renewal.

Signature of Applicant **X** _____ Date _____ Time _____

Signature of Producer **X** _____ Date _____ Time _____

IF PAID BY CHECK, COVERAGE IS EFFECTIVE ONLY IF CHECK IS HONORED WHEN FIRST PRESENTED.

VEHICLE INFORMATION

	YEAR	MAKE	MODEL	VIN #	LICENSE #	COST NEW	DEDUCTIBLE COMP	DEDUCTIBLE COLL
1								

Garaging ZIP:	Territory	Loss Payee Name:	Account #:
Radius (Miles) / Class / GVW / Checked (If Leased)		Loss Payee Address:	

TRAILER INFORMATION

	YEAR	MAKE	MODEL	VIN #	PULLING VEH. #	LICENSE #	COST NEW	DEDUCTIBLE COMP	DEDUCTIBLE COLL
1									

Garaging ZIP:	Trailer Type:	Loss Payee Name:	Account #:
Trailer Length:	Check (If Leased)	Loss Payee Address:	

Is there additional equipment or modifications to be insured? Unless permanently installed by the original manufacturer or the selling automobile dealer at the time of original purchase, additional equipment or modifications must be declared below to be covered. Please describe in full, include make, model, identification number, and value of the item(s). Physical damage deductibles apply to the additional equipment and modifications covered.

vehicle /trailer #	List all Special Equipment to be covered on the vehicle being written	value

DRIVER INFORMATION

Drv #	DRIVER NAME	DATE OF BIRTH	DRIVERS LICENSE NUMBER	STATE	DATE HIRED	YEARS DRIVING EXPERIENCE	YEARS OF DRIVING EXPERIENCE IN THE STATE
1							

GENERAL INFORMATION

Work Comp. Carrier: Policy #

#	EXPLAIN ALL "YES" RESPONSES (EXCEPT #1, EXPLAIN NO)	YES	NO
1)	With the exception of encumbrances, are all vehicles solely owned and registered to the applicant?		
2)	Is a formal safety program in operation?		
3)	Are vehicles and equipment regularly inspected and serviced?		
4)	Is any vehicle damaged or have any broken glass?		
5)	Are any vehicles leased to others?		
6)	Does the applicant obtain MVR's on new drivers?		
7)	Any CB's or Mobile Phones in vehicle?		
8)	What is the total number of vehicles owned by the applicant?		
9)	Do any of your employees use their personal vehicles in your business?		
10)	Do you require any special filings or permits?		
11)	Do you haul cargo for others?		
	HAS ANY DRIVER:		
1)	Ever been treated for epilepsy, diabetes, heart condition?		
2)	Had driver's license suspended or revoked last 12 months?		
3)	A restricted or expired driver's license?		
4)	A history of fainting, loss of consciousness, blackouts, seizures or convulsions?		
5)	Any physical impairments?		