



1524 East 1110 North • Orem, UT 84097 • Phone: 801-226-8106 • Fax: 801-226-0986

Commercial Auto Application

List ALL vehicles that you will be using for your business.

Business Name: _____ DBA: _____

Contact Name: _____ Phone: _____ Email: _____

Mailing Address: _____ Website: _____

City: _____ State: _____ Zipcode: _____

Physical Address: _____

City: _____ State: _____ Zipcode: _____

Individual Partnership LLC Association Corporation

Detailed Description of Business Operations: _____

Years in Business: _____ Years of Experience: _____ FEIN/SSN: _____

Requested Liability Limits: _____

Driver 1:

Name: _____ Date of employment (Other than Owner): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: Male Female Marital Status: Married Single SSN: _____

DOB: _____ Year first licensed: _____ Drivers License #: _____ State Issued: _____

Moving Violations or Accidents in last 36 months? Yes No If yes, please list: _____

Do you have a CDL? Yes No If yes, year obtained: _____ US DOT#: _____

Vehicle # being operated: _____ Percentage of use: _____ Usage Type: _____

Driver 2:

Name: _____ Date of employment (Other than Owner): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: Male Female Marital Status: Married Single SSN: _____

DOB: _____ Year first licensed: _____ Drivers License #: _____ State Issued: _____

Any Moving Violations or Accidents in last 36 months? Yes No If yes, please list: _____

Do you have a CDL? Yes No If yes, year obtained: _____ US DOT#: _____

Vehicle # being operated: _____ Percentage of use: _____ Usage Type: _____

Vehicle 1:

Year: _____ Make: _____ Model: _____

Body Type: _____ VIN: _____ Gross Vehicle Weight: _____

Vehicle Purchased: New Used Date of Purchase: _____ Purchase Price: _____

Cost New: _____ Current Value: _____

Is there a Lein Holder? Yes No If yes, name of Lein Holder: _____

Address: _____ Loan #: _____

City: _____ State: _____ Zip Code: _____

Radius in miles vehicle will be driven: 300 500 UnlimitedComp Deductible: 250 500 1000 No Coverage Collision Deductible: 250 500 1000 No CoverageIs there any damage to this vehicle? Yes No If yes, describe: _____Vehicle Use: _____ Will this vehicle also be used for personal use? Yes No**Vehicle 2:**

Year: _____ Make: _____ Model: _____

Body Type: _____ VIN: _____ Gross Vehicle Weight: _____

Vehicle Purchased: New Used Date of Purchase: _____ Purchase Price: _____

Cost New: _____ Current Value: _____

Is there a Lein Holder? Yes No If yes, name of Lein Holder: _____

Address: _____ Loan #: _____

City: _____ State: _____ Zip Code: _____

Radius in miles vehicle will be driven: 300 500 UnlimitedComp Deductible: 250 500 1000 No Coverage Collision Deductible: 250 500 1000 No CoverageIs there any damage to this vehicle? Yes No If yes, describe: _____Vehicle Use: _____ Will this vehicle also be used for personal use? Yes No