



ALASKACOMMERCIAL
INSURANCE BROKERS

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Anchorage, AK 99503
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Commercial Auto Application

BUSINESS INFORMATION

Business Name:		
Phone:	Fax:	
Email:	Website:	
Mailing Address:		
City:	State:	Zip:
Year Established:	Structure:	Federal EIN/Tax ID:
Description of Operations:		

PRINCIPAL INFORMATION

First Name:	M.I.:	Last Name:
Phone:	Email:	
Mailing Address:		
City:	State:	Zip:

INSURANCE INFORMATION

Proposed effective date:	Previous Carrier:	
Policy Number:	Any prior lapse of coverage:	No Yes
Will an SR-22 filing be required? No Yes	Are federal filings required?	No Yes
Prior Losses (if any)	Date	Amount of Loss

REQUESTED COVERAGE LIMITS

Per Occurrence:	Aggregate:	Deductible:
Optional Coverage:	Collision	Comprehensive Med Pay

SIGNATURE:

DATE:

VEHICLE INFORMATION

Make:	Model:	Year:
VIN:	Vehicle Value:	
Lender (If Applicable):	Remaining loan amount:	
Lender Address:		

Make:	Model:	Year:
VIN:	Vehicle Value:	
Lender (If Applicable):	Remaining loan amount:	
Lender Address:		

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Make:	Model:	Year:
VIN:	Vehicle Value:	
Lender (If Applicable):	Remaining loan amount:	
Lender Address:		

For additional vehicle coverage, please print a blank page and complete an additional Vehicle Information form.

LIST OF DRIVERS

First Name:		M.I.:	Last Name:	
DOB:	SSN:		Married: No Yes	
Driver license number:		State of Issuance:		
Has this driver had any violations or accidents in the last three years?			No Yes	
List Violations/Accidents (If Applicable):			Date of Occurrence	

First Name:		M.I.:	Last Name:	
DOB:	SSN:		Married: No Yes	
Driver license number:		State of Issuance:		
Has this driver had any violations or accidents in the last three years?			No Yes	
List Violations/Accidents (If Applicable):			Date of Occurrence	

First Name:		M.I.:	Last Name:	
DOB:	SSN:		Married: No Yes	
Driver License Number:		State of Issuance:		
Has this driver had any violations or accidents in the last three years?			No Yes	
List Violations/Accidents (If Applicable):			Date of Occurrence	

For additional drivers, please print a blank page and complete an additional List of Drivers form.