



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

COMMERCIAL AUTO APPLICATION

1. General Information

Proposed effective date: _____

A. Applicant's name: _____

B. Applicant's mailing address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ County: _____

Business telephone number: _____ Fax: _____

C. Physical location of business (if different): _____

Population within 50 miles: _____

Other locations used:

Physical address: _____

City: _____ State: _____ Zip: _____

Physical address: _____

City: _____ State: _____ Zip: _____

D. Please list any other names the business is or has been known by: _____

E. Contact person: _____ Producer's name: _____

F. Detailed description of business activities (specifically, and by location): _____

G. Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other: _____

H. What year was the business established? _____

I. Please list the owner(s) of the business applying for insurance and identify how many years' experience the owner(s) has in this type of business: _____

J. Please list the manager(s) of the business applying for insurance and identify how many years' experience the manager(s) has in this type of business: _____

Annual payroll: \$ _____ Total number of employees: _____ Full-time: _____ Part-time: _____

2. Insurance History

A. Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

B. Has the Applicant or any predecessor ever had a claim?

☐ Yes ☐ No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? ☐ Yes ☐ No

If yes, please explain: _____

C. Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

☐ Yes ☐ No

D. If the standard markets are declining placement, please explain why: _____

3. Other Insurance

A. Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

4. Desired Insurance

A. Per Person/Per Act/Property Damage

Single Limit

<input type="checkbox"/>	\$15,000/\$30,000/\$5,000	<input type="checkbox"/>	\$100,000/\$300,000/\$50,000	<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$25,000/\$50,000/\$10,000	<input type="checkbox"/>	\$250,000/\$500,000/\$100,000	<input type="checkbox"/>	\$500,000
<input type="checkbox"/>	\$50,000/\$100,000/\$25,000	<input type="checkbox"/>	\$250,000/\$1,000,000/\$100,000	<input type="checkbox"/>	\$1,000,000
<input type="checkbox"/>	\$100,000/\$250,000/\$100,000	<input type="checkbox"/>	Other _____ / _____ / _____	<input type="checkbox"/>	\$5,000,000

Self-Insured Retention (SIR): ☐ \$1,000 (Minimum) ☐ \$1,500 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

Uninsured/Underinsured Motorists: ☐ Yes ☐ No Statutory Limits \$ _____

Personal Injury Protection (PIP) – no fault- ☐ Yes ☐ No Statutory Limits \$ _____

Note: Coverage is only provided if required by State Law.

Non-Taxi operations bodily injury and property damage combined single limit (\$1,000 S.I.R. applies to each loss):
☐ \$100,000 CSL ☐ \$150,000 CSL ☐ \$200,000 CSL ☐ _____ Other

Physical Damage Deductible:

☐ \$500 ☐ \$750 ☐ \$1,000 ☐ \$5,000 ☐ Other: \$ _____

5. BUSINESS OPERATIONS

Operational

A. Type of business in which vehicles are used?

☐ Retail delivery ☐ Wholesale delivery ☐ Tow ☐ Dump ☐ Service vehicle ☐ Contractor
☐ Catering ☐ Waste/Garbage carrier

B. What is the maximum radius of your operation? ☐ 0 – 50 miles ☐ 50 – 100 miles ☐ 100+ miles

C. To what cities do you travel? _____

D. Do you operate in more than one state? ☐ Yes ☐ No

If yes, what are the other states? _____

E. Are there any vehicles owned by others that operate under your authority? ☐ Yes ☐ No

If yes, explain and identify the number and percentage of those so operated: _____

F. Do you have your own towing service operations? ☐ Yes ☐ No

If yes, answer:

1. Do you tow for any other clients or customers, other than for your owned autos, or for other autos operated under contract with the taxi company? ☐ Yes ☐ No

2. Explain operations, number of tow trucks operated, and percentage of total services that are for other clients for a fee. _____

G. Do you operate your own auto mechanical repair and maintenance service garage for all owned autos?

☐ Yes ☐ No

If yes, provide address, phone, fax, e-mail, and name of manager. _____

1. If yes, are you providing repair and maintenance services to non-owned autos? ☐ Yes ☐ No

2. If no, provide name of company (or companies) you have contracted to provide repair and maintenance for all owned autos. _____

H. Do all owned and/or operated autos under your name comply with all local, state and federal safety guidelines? ☐ Yes ☐ No

Risk Management

I. Does your company have a position whose job description provides risk management or loss control, performs safety inspections, or engineering services? ☐ Yes ☐ No

If yes, please provide:

Employee name: _____

E-mail: _____ Business telephone no.: _____

Fax: _____ Years with company: # _____

Employee's specific responsibilities: _____

- J. Describe your company's maintenance and inspection program that qualify your vehicles to be used for the services provided. A copy of your formal inspection and maintenance written procedure manual would be helpful.
- _____
- _____
- K. Describe safety procedures in detail. If you have written policies and procedures, or an employee manual, please include a copy. _____
- _____
- _____
- L. Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____
- _____
- _____
- M. If you operate the taxi company with non-owned autos, describe in detail the inspection and auto maintenance safety program you have affected, to verify that all non-owned autos are provided the repair and maintenance service required of all autos operated under your name and/or permits. _____
- _____
- _____
- N. Do you have a written policy and procedure for handling customer complaints? ☐ Yes ☐ No
If no, would you affect one and educate all company drivers of the company's program? ☐ Yes ☐ No
- O. Does the company have a fenced yard for auto storage? ☐ Yes ☐ No
- P. Provide names and addresses of regulatory authorities requiring filings. Please include your filing number. Submit a copy of the current filings issued. If not issued, provide a copy of the application to be submitted.
- _____
- _____
- _____

Drivers

- Q. Are drivers required to complete a signed and dated inspection report form, identifying the condition of the auto at the end of each shift during a 24-hour period? ☐ Yes ☐ No
If yes, please provide a sample of the form used.
If no, would you be willing to affect such a program? ☐ Yes ☐ No
- R. Does the company check references on driver applications? ☐ Yes ☐ No
If no, would the company affect such a procedure as a provision to obtain the insurance? ☐ Yes ☐ No

S. Are all autos you own which are operated as a taxi listed on the attached equipment form? ☐ Yes ☐ No

If no, explain: _____

If additional space is needed to adequately answer any of the above questions, answer on a separate sheet of paper or on the back of this application. Please number your answer to correspond with the question.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant: _____

Agent/Broker: _____

Signature

Signature

Print name

Print name

OPERATOR SCHEDULE

An electronic list is mandatory for lists that exceed four drivers or four vehicles.

Applicant's Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

For each driver, complete the following and attach a copy of the driver's MVR and license.

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: _____

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: _____

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: _____

Driver # _____ Driver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

SEX (M/F)	DATE OF BIRTH	YRS EXP	DRIVER'S LICENSE NUMBER	STATE LIC	DATE HIRED

Violations/Accidents/Claims: _____

If any driver(s) should be specifically excluded from the policy, please attach a separate list.

If available, please attach a copy of the MVR and driver's license for each driver.

Note: Driver and vehicle information must be submitted and accepted by insurer and appropriate charge must be paid for coverage to apply.

Vehicle Schedule

Insured/Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Business Telephone Number: _____

Fax: _____ E-Mail: _____

Medallion Number: _____

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		

Vehicle #: _____ CPNC # / P #: _____

Year		Make		Model	
V.I.N.				Territory	
Type		License State		Radius	
City, State, Zip where Garaged					
Actual Cash Value			GVW/GCW		