

# Commercial Auto Application



**FARMERS**  
80 YEARS SERVING AMERICA

<input type="checkbox"/> Quote <input type="checkbox"/> Submit for Approval <input type="checkbox"/> New Business <input type="checkbox"/> Change				Policy Number:		
Effective Date:		Expiration Date:				
Insured Name:				Quote Number:		
Business Name / DBA:				Agent Number:		
Location Address:				Agent Name:		
City:		State:	Zip:			
Phone Number:				e-mail Address:		
FEIN:		Prematic/EasyPay Number:		Website:		
Business Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____						
SIC Code:			Company: <input type="checkbox"/> Farmers <input type="checkbox"/> Truck <input type="checkbox"/> Mid Century			
Employers Non-Ownership Liability?			<input type="checkbox"/> Yes <input type="checkbox"/> No   Number of Employees:			
Hired / Borrowed Car Coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Location Information</b>						
Location Address:						
City:						
<b>Vehicle Information</b>						
Year:		Make:	Model:	State:	Zip:	
VIN Number:						
Garaging City:		State:	ZIP:	Rating Territory:		
Vehicle Type:		<input type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Extra Heavy Truck <input type="checkbox"/> Service/Utility Trailer <input type="checkbox"/> Light Truck <input type="checkbox"/> Heavy Truck Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Medium Truck <input type="checkbox"/> Extra Heavy Truck Tractor <input type="checkbox"/> Semi Trailer <input type="checkbox"/> Heavy Truck			Original Cost New:	
Use:		<input type="checkbox"/> Transporting To or From (one) Job Location (Service)    \$ <input type="checkbox"/> Vehicle Used to Pick Up or Deliver to Individual Households (Retail) <input type="checkbox"/> Vehicle Used for Purposes Not Listed Above (Commercial)				
Radius:		<input type="checkbox"/> 0-50 miles <input type="checkbox"/> 51-200 miles <input type="checkbox"/> 201-500 miles <input type="checkbox"/> over 500 miles				
Secondary Code:		<input type="checkbox"/> Trucker <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Food Delivery <input type="checkbox"/> Farmers <input type="checkbox"/> Specialized Delivery <input type="checkbox"/> Dump and Transit Mix Trucks and Trailers		<input type="checkbox"/> Contractor <input type="checkbox"/> Tow Truck <input type="checkbox"/> Not Otherwise Specified		

<b>Vehicle Coverages</b>	
<b>Coverage</b>	<b>Limit / Deductibles</b>
Liability/Property Damage	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$100/\$300/\$100 <input type="checkbox"/> \$200/\$500/\$250
PIP (where available)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Basic <input type="checkbox"/> Increased Limits
Medical Payments	<input type="checkbox"/> No Coverage <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000
Auto Loan Coverage (where available)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Vehicle principally operated by employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uninsured Motorist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uninsured Motorist Property Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Underinsured Motorist (where available)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Underinsured Motorist Property Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive Deductible	<input type="checkbox"/> No Coverage <input type="checkbox"/> No Deductible <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> other _____
Collision Deductible	<input type="checkbox"/> No Coverage <input type="checkbox"/> No Deductible <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> other _____
Towing	<input type="checkbox"/> No Coverage <input type="checkbox"/> Yes
Rental Reimbursement	<input type="checkbox"/> No Coverage <input type="checkbox"/> \$30/Day <input type="checkbox"/> \$50/Day <input type="checkbox"/> \$100/Day

**Driver Information** (Attach a separate page if additional drivers)

First Name	Last Name	Date of Birth	Drivers License Number	State	Points

**Prior Claims and General Underwriting Information**

(Complete the following only if policy is to be issued. Explain any YES answers in Remarks)

Policy Period	Carrier Name	Premium	Number of Claims	Total Losses Paid	Reserves
Past 12 months:					
13-24 months:					
25-36 months:					
1. During the last three years, has any coverage been cancelled, non-renewed, declined or placed in surplus lines?					<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many years management experience does the applicant have in this industry?					
3. Are any special events sponsored such as carnivals, auto racing, outdoor events, other?					<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is any other insurance for this company being submitted?					<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Provide a description of business operations:					
6. Where photos taken of this risk?					<input type="checkbox"/> Yes <input type="checkbox"/> No
6A. If YES, are the photos retained in the agents office?					<input type="checkbox"/> Yes <input type="checkbox"/> No
6B. What is the number of photos for reimbursement?					
7. Loss Control Contact Name:			Phone Number:		

**Remarks (Please include the question number):**

**Auto Underwriting Information**

1. Except for mortgages or liens, are any vehicles not owned by and registered to the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do over 50% of the employees use their autos in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a vehicle maintenance program in operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any vehicles leased to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are any vehicles customized, altered or have special equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are ICC, PUC or other filings required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there any exposures to flammables, explosives, chemicals or other hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are any hold harmless agreements required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are any vehicles used by family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the applicant obtain MVR verifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the applicant have a specific driver recruiting method?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are any drivers not covered by workers' compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are any vehicles owned but not scheduled on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is a driver safety program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Remarks (Please include the question number):**

**Notice of Insurance Information Practices**

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our Agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your Agent for instruction on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. Not applicable in Nebraska or Virginia.

Virginia - It is a crime to provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant's Signature:	Date:	Producer's Signature:	Date:
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**Additional Vehicles - Vehicle Number \_\_\_\_\_** (Complete a separate sheet for each additional vehicle)

<b>Vehicle Information</b>			
Year:	Make:	Model:	
VIN Number:			
Garaging City:	State:	ZIP:	Rating Territory:
Vehicle Type: <input type="checkbox"/> Passenger Vehicle <input type="checkbox"/> Extra Heavy Truck <input type="checkbox"/> Service/Utility Trailer <input type="checkbox"/> Light Truck <input type="checkbox"/> Heavy Truck Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Medium Truck <input type="checkbox"/> Extra Heavy Truck Tractor <input type="checkbox"/> Semi Trailer <input type="checkbox"/> Heavy Truck	Original Cost New:		\$
Use: <input type="checkbox"/> Transporting To or From (one) Job Location (Service) <input type="checkbox"/> Vehicle Used to Pick Up or Deliver to Individual Households (Retail) <input type="checkbox"/> Vehicle Used for Purposes Not Listed Above (Commercial)			
Radius: <input type="checkbox"/> 0-50 miles <input type="checkbox"/> 51-200 miles <input type="checkbox"/> 201-500 miles <input type="checkbox"/> over 500 miles			
Secondary Code: <input type="checkbox"/> Trucker <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Contractor <input type="checkbox"/> Food Delivery <input type="checkbox"/> Farmers <input type="checkbox"/> Tow Truck <input type="checkbox"/> Specialized Delivery <input type="checkbox"/> Dump and Transit Mix Trucks and Trailers <input type="checkbox"/> Not otherwise Specified			
<b>Vehicle Coverages</b>			
<b>Coverage</b>	<b>Limits/Deductibles</b>		
PIP (where available)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Basic <input type="checkbox"/> Increased Limits		
Medical Payments	<input type="checkbox"/> No Coverage <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000		
Auto Loan Coverage (where available)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the Vehicle principally operated by employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comprehensive Deductible	<input type="checkbox"/> No Coverage <input type="checkbox"/> No Deductible <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> other_____		
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Towing	<input type="checkbox"/> No Coverage <input type="checkbox"/> Yes		
Rental Reimbursement	<input type="checkbox"/> No Coverage <input type="checkbox"/> \$30/Day <input type="checkbox"/> \$50/Day <input type="checkbox"/> \$100/Day		
<b>Auto Underwriting Information</b>			
<b>Remarks:</b>			