



FLEET COMMERCIAL INSURANCE APPLICATION

GENERAL INSTRUCTIONS/REQUIREMENTS (Refer to Agency Reference Manual for Additional Information)

ENTIRE APPLICATION MUST BE COMPLETED AND SIGNED BY BOTH APPLICANT AND AGENT

Please answer all questions. In the absence of a response, we will assume you mean "no" or "not applicable." Where we ask for an explanation, please provide the information. If the space provided is inadequate, complete the explanation on the last page of the application or separate sheet of paper identifying which question the answer applies to.

To ensure that the application can be processed without delays, please **provide/include the following supplemental information with the submission.**

- General Liability, Property, and Inland Marine Supplements when coverage is requested.
- Prior insurance carrier loss runs for current year and prior three years (must be current date).
- Mileage reports for 12 months; schedule B - IFTA.
- Financial information, financial statements, for the past three years. Profit loss and balance sheet statement or income tax return document.
- Hazardous Material Supplemental Application (must be completed if the insured hauls or has authority to haul hazardous materials).
- Driver list including date of birth, hire, CDL experience, and length of service.
- Under 20 units, MVRs are required.
- List/Schedule of Additional Insureds/Lienholders.
- Current equipment list.
- Copies of lease agreements (permanent, trip lease, broker agreement, etc.).

Uninsured Motorist/Underinsured Motorists Selection/Rejection Forms, PIP Forms and Terrorism Form

- UM/UIM – **Please submit the UM/UIM** Selection/Rejection forms in the garaging state.
- PIP – **Please submit the No-fault/PIP** forms where appropriate.
- Terrorism – **Please submit the Terrorism** Selection/Rejection forms.