

NWC Insurance Services

Commercial Auto Application

INTERNAL USE ONLY

Date Received: _____

Date Quoted: _____

AGENT CODE: _____

Applicant Information

Named Insured Legal Name: _____

Home Address: _____

S.S. Number: _____ Date of Birth: _____

Contact Phone Number: _____

Business Information

Business Name: _____ Date Started: _____

Business Address: _____

Legal Entity: Individual Legal Partnership Corporation (If Corp., provide NAME/DOB/Soc.Sec.# of PRES/CEO)

Number of Employees: _____ Name: _____ DOB: _____ SS#: _____

If Partnership, indicate name of owners: _____

If Corporation (California and Washington state only), please provide FEIN# _____

Describe type of business: _____

Does the insured haul goods or persons for hire? Yes No

Does the insured need a state or DOT filing? Yes No

MOTOR CARRIER PERMIT # (IF IN CALIFORNIA): _____

Rating Information

Requested Effective Date: _____

Current Insurance Carrier: _____

Current Policy Number: _____

Current Policy Expiration Date: _____

Current liability limit? _____

Have you been insured for the past 12 months with no lapse in coverage? (For prior insurance discount consideration only)

Yes No (If yes, please attach proof of prior, i.e CURRENT declarations page or ALLSTATE print screens)

Does the applicant currently have General Liability coverage? Yes _____ No _____ (a credit may be available with proof of coverage in some states)

Coverages (Please select from the following.)

Liability: \$50,000/100,000 \$300,000 CSL \$500,000 CSL \$1,000,000 CSL Other, specify _____

Uninsured Motorist: \$50,000 \$100,000 \$500,000 \$1,000,000

Underinsured Motorist: \$50,000 \$100,000 \$500,000 \$1,000,000

Uninsured Property Damage: _____

Medical Payments: \$1,000 \$2,000 \$5,000 Other, specify _____

PIP / PIP-PPO: _____

Other Coverage Desired: (Hired Auto/Non Owned Auto/ On Hook/Garage Keepers) _____

I attest that the above information, and the information contained in the remainder of this application is true and accurate to the best of my knowledge. I understand that the quoted premium is not firm until all information is submitted and verified. Furthermore, I authorize Progressive to obtain any necessary credit and driving reports as mentioned above.

Signature of applicant: _____ Effective Date: _____

Driver Information (please list additional drivers/violations on a separate sheet)

DR#	Driver Name	Comm. DL	Year Rcvd.	DOB	Marital Status (M or S)	SR22? (Y or N)	Accidents/ Violations (Y or N)	Driver's License Number	State
1									
2									
3									
4									

Please complete the following if any driver has accidents or violations within the last 35 months.

DR#	Date of incident	Accident or Violation? (A or V)	Accident Details (including location and fault) or Violation Type	If Accident: Amount Paid	
				Liability	Property

Vehicle Information (please list additional vehicles on a separate sheet)

(Vehicle 1)

VIN Number: _____

Actual Cash Value/: Stated Amount \$ _____

Year: _____ Make: _____ Model: _____

Vehicle Description: Passenger Auto SUV Pick-Up (4x2) Pick-Up (4x4) Flatbed Dump truck Box truck
 Tow-truck Car Carrier Semi/Tractor Trailer Cargo Van Step Van Delivery Van 8 passenger van
 15 passenger van/ with wheelchair lift? Y or N Bus (16 to 60 passengers) Bus (more than 61 passengers)

IF PICKUP: What type of hitch? Ball at bumper/gooseneck/fifth wheel/ball in bed? _____

IF TOW TRUCK: What type? Flatbed or Hook? _____ How many axles? _____

Garaging Zip Code: _____ Maximum miles driven one-way from Garaging Zip: _____

Type of Use (if both, check both boxes): Personal Commercial Gross Vehicle Weight: _____

Detailed use of vehicle: _____

How many deliveries/errands/job sites per day? _____ If Hauling, what are they hauling? _____

Loss Payee & Address /Additional Insured (if any): _____

IMPORTANT: STATED AMOUNT IS REQUIRED WHEN REQUESTING COMP AND COLL

Stated Amount Definition: Current value of a vehicle including any special or permanently attached equipment.

Comprehensive Deductible: No Comp Coverage \$100 \$250 \$500 \$1000
 (Glass, Fire, Theft, etc...)

Collision Deductible: No Coll Coverage \$100 \$250 \$500 \$1000

(Vehicle 2)

VIN Number: _____

Actual Cash Value/: Stated Amount \$ _____

Year: _____ Make: _____ Model: _____

Vehicle Description: Passenger Auto SUV Pick-Up (4x2) Pick-Up (4x4) Flatbed Dump truck Box truck
 Tow-truck Car Carrier Semi/Tractor Trailer Cargo Van Step Van Delivery Van 8 passenger van
 15 passenger van/ with wheelchair lift? Y or N Bus (16 to 60 passengers) Bus (more than 61 passengers)

IF PICKUP: What type of hitch? Ball at bumper/gooseneck/fifth wheel/ball in bed? _____

IF TOW TRUCK: What type? Flatbed or Hook? _____ How many axles? _____

Garaging Zip Code: _____ Maximum miles driven one-way from Garaging Zip: _____

Type of Use (if both, check both boxes): Personal Commercial Gross Vehicle Weight: _____

Detailed use of vehicle: _____

How many deliveries/errands/job sites per day? _____ If Hauling, what are they hauling? _____

Loss Payee & Address /Additional Insured (if any): _____

IMPORTANT: STATED AMOUNT IS REQUIRED WHEN REQUESTING COMP AND COLL

Stated Amount Definition: Current value of a vehicle including any special or permanently attached equipment.

Comprehensive Deductible: No Comp Coverage \$100 \$250 \$500 \$1000
(Glass, Fire, Theft, etc...)

Collision Deductible: No Coll Coverage \$100 \$250 \$500 \$1000

(Vehicle 3)

VIN Number: _____

Actual Cash Value/: Stated Amount \$ _____

Year: _____ Make: _____ Model: _____

Vehicle Description: Passenger Auto SUV Pick-Up (4x2) Pick-Up (4x4) Flatbed Dump truck Box truck
 Tow-truck Car Carrier Semi/Tractor Trailer Cargo Van Step Van Delivery Van 8 passenger van
 15 passenger van/ with wheelchair lift? Y or N Bus (16 to 60 passengers) Bus (more than 61 passengers)

IF PICKUP: What type of hitch? Ball at bumper/gooseneck/fifth wheel/ball in bed? _____

IF TOW TRUCK: What type? Flatbed or Hook? _____ How many axles? _____

Garaging Zip Code: _____ Maximum miles driven one-way from Garaging Zip: _____

Type of Use (if both, check both boxes): Personal Commercial Gross Vehicle Weight: _____

Detailed use of vehicle: _____

How many deliveries/errands/job sites per day? _____ If Hauling, what are they hauling? _____

Loss Payee & Address /Additional Insured (if any): _____

IMPORTANT: STATED AMOUNT IS REQUIRED WHEN REQUESTING COMP AND COLL

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