



Effective Date:	Date Needed:				Agency Contact:					
Agency Name:		Email:				Phone:				
Insured:				En	tity: 🗌 Cor	poration		Partnership		
Street:			City:			State	e: ZIP:			
New Venture: Yes	s 🗌 No	If YES, n	number of ye	ears expe	rience:		Years In	n business:		
Dealer: Yes	No Retai	l:	% Wholesc	ale:	_% Broke	:9	% Gross Rece	ipts Repairs:		
Prior carrier (3 years			2	3						
Losses in the past 3 y			2		3					
Has insured been ca	nceled or no	n-renew	ed? Tes	□No	If YES, why?					
EMPLOYEE INFORMAT	TION All owne	ers/office	ers/employe	es/family	members (NOTE: Ou	ıt of state licer	nses must be app	proved)	
NAME AGE			LICENSE #		MVR VIOLA	IONS	FURNISHED Y/	D Y/N JOB DUI		
PLEASE COMPLETE TH	E PERCENTAG	E OF YO	IIR SAIFS AN	D/OR REP	AIR OPERAI	ION FOR	THE FOLLOWIN	ie.		
Priv. Pass. Veh, SUVs, & Light Trucks			% Farm Equip. or Implement			% Trucks or Tractors %				
Motorcycles & ATVs		%				%				
All Terrain Vehicles		%	Boats			%				
Motor Homes		%	Utility trailers, Semi-Trailers, Trailers			%	% Contractor's Equipment %			
Radius: ☐ 300 ☐ 50	0 1,000	Number	of dealer ta	gs:	Repai	rs? Tyes	s □No Bo	ody Work? Yes	s 🗌 No	
Business Description:						D	o they rebuild	wrecks? Yes	□No	
Do they do repo wor	k? ∐Yes []No S	alvage title s	sales? [Yes No	o Unaco	companied te	st drives? Yes	i ∏No	
Tire Sales/Service %:	New:		% Used:		% Non	-family co	ontract drivers	? □Yes □Nc)	
Liability Limits:	UM	:	Мес	d Pay:		PIP:				
Dealer's Physical Dar	mage Compr	ehensive	e/Collision:		Deduc	tible:	M	PVL:		
Is lot fenced? Yes	No If	YES, desc	cribe:							
Garagekeepers Lego	al Limits:		Deductil	ble:		Compret	nensive/Collisio	on MPVL:		
VEHICLE YEAR,	. MAKE & MOI	DEL	RADIUS	GVW	STATED	VALUE	VIT LIMI	T DEDUC	TIBLE	
			1							