

AGENCY CUSTOMER ID:

BUSINESS AUTO SECTION

AGENCY

CARRIER

NAIC CODE

POLICY NUMBER

EFFECTIVE DATE NAMED INSURED(S)

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIVER INFORMATION ACORD 163 attached for additional drivers

DRIVER #	NAME (Include address, if required)	SEX STAT DATE OF BIRTH			YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN. NO-FAULT	DOC	USE VEH #	USE	
												_		

GENERAL INFORMATION

EXF	EXPLAIN ALL "YES" RESPONSES												
1.	1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?												
	VEH # NAME OF OTHER OWNER VEH # NAME OF OTHER OWNER												
2.	2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?												
3.	3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?												
4.	4. ARE ANY VEHICLES LEASED TO OTHERS?												
5.	5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)												
	VEH # DESCRIPTION COST VEH # DESCRIPTION COST												
	\$ \$ \$												
6.	6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)												
7.	DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?												

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES		Y/N										
		.,										
8. ANY HOLD HARMLESS AGREEMENTS?												
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.												
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?												
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?												
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?												
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?												
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?												
APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO IN	SURFRS											
1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or	CONLING.											
2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.												
DRV # DATE (MM/DD/YYYY) TYPE PLACE (CITY, STATE)	1	¥ YRS REV										
15. HAS AGENT INSPECTED VEHICLES?												
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?												
	·											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VAL	UE SUBJECT TO LOSS										
	\$											
ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names												
INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE		ITEM NUMBER										
	VEHICLE:	LOCATION:										
AS LESSOR OWNER												
LIENHOLDER REGISTRANT												
REFERENCE / LOAN #:												
INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE	INTEREST IN											
ADDITIONAL INSURED LOSS PAYEE	VEHICLE:	LOCATION:										
EMPLOYEE												
AS LESSOR BIRCHART												
REFERENCE / LOAN #:												

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

AGENCY CUSTOMER ID:

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles																						
VEH # YEAR MAKE:						BODY TYPE:											<u> </u>	M / AGE COMP OTC SY		COLL SYM		
MODEL: V.I						V.I.N	N.: PP						SPEC COML									
GARAG ADDRE	SS						(STATE	ZIP			
LIC STATE	TE TERR GVW / GCW				GCW	CLASS			SIC FACTOR SEAT CP			RADIUS	FARTHEST TERMINAL				COST NEW \$					
USE								HECK OVERAGES ADD'L N FAULT					LSP	REIN	RENT DEDUCTIBLES		TIBLES	A		COMP/ OTC	SPEC C OF L	
	FARM SERVICE				_	- NO	LIAB MED PA' NO-UNINS FAULT MOTOR			Y TOWING FT SPEC FTW COFL			COMP/ OTC COLL	FG AA S			ST AM	т <u></u> \$ \$		COLL		
DRIVE WORK		<u>,</u>	<	15 MILE	S	15 MILES	. N	ET VEH R/CR:	MOTOR									PREM: \$				
VEH #	YEAR MAKE: BOD									Y						VEHIC	LE TYPE	,	SY	M / AGE	COMP / OTC SYM	COLL SYM
MODEL:									V.I.N						PP							011
GARAGING ADDRESS CITY								(COUNTY						STATE	ZIP		
LIC STATE					GCW	CLASS			SIC FACTOR SEAT CP			СР	RADIUS	RADIUS F			FARTHEST TERMINAL			COST NEW		
1105		_					HECK			0-	UNDRINS	F		1.00	REN	л	DEDUC	TIBLES		\$	COMP/	SPEC
USE		_ -		MM'L					ADD'L NO FAULT		MOTOR		-	LSP COMP/	REIN FG	МВ	\vdash				OTC	SPEC C OF L
	EASUR	-				-	LIA		MED PA	Y H	& LABOR	FT	,	COMP/ OTC COLL	FG		A#		ST AM			
DRIVE	RM TO		-			45 MILEO	FA	ULT ET VEH	UNINS MOTOR		SPEC C OF L	FTW		COLL			\$			\$		COLL
WORK	SCHOO			15 MILE	:5	15 MILES	+ D	R/CR:	BOD	v								PREM: \$			COMP /	COLL
VEH #	YE	AK	MAKE	:					BOD	É:										M / AGE	COMP / OTC SYM	SYM
			MODE						V.I.N	.:					PP	S	SPEC	COM	-		1	
ADDRE	ARAGING DRESS STREET (Required in KY) CITY								r 		COUNTY									STATE	ZIP	
LIC STATE	TERR GVW/GCW CLAS						CLASS	s	IC	C FACTOR SEAT CP		СР	RADIUS		FARTH	EST TER	MINAL		\$	COST NEV	v	
USE			CO	MM'L	F		HECK	AGES	ADD'L NO	0-	UNDRINS MOTOR	F		LSP	REN	RENT DEDUCTIBLES			A	cv	COMP/ OTC	SPEC C OF L
PL	PLEASURE RETAIL LIAB MED PA							TOWING & LABOR	FT		COMP/ OTC	FG	VID.	A	A 🗌	ST AM	т \$					
FA	RM		SE	RVICE			- NO	-	UNINS		SPEC C OF L	FTW	,	COLL			\$			\$		COLL
DRIVE WORK		<u>,</u>																				
VEH #			MAKE	-					BOD TYPE	Y						VEHIC	TOTAL PREM: \$ /EHICLE TYPE SYM / AGE				COMP / COL OTC SYM SYM	COLL SYM
			MODE						V.I.N								SPEC COML					011
GARAG ADDRE	ING	TRE	-	uired in	KY)			CITY						COUNTY						STATE	ZIP	
LIC STATE		FERF	1		GVW /	GCW		CLASS	s	SIC FACTOR SEAT CP				RADIUS	FARTHEST TERMINAL			MINAL	\$		COST NEW	
USE			0	MM'L			HECK			IO- UNDRINS F				LSP	REN	IT	DEDUC	TIBLES			COMP/	SPEC
	EASUR	_ -	_								MOTOR	FT	-		REIN FG						отс	_COFL
	RM	-	_	L		-			MED PA		& LABOR	FTW	,	COMP/ OTC	FG				ST AMT \$			
						45 MILEO	A DECEMBER OF A	LULT	UNINS MOTOR		SPEC C OF L	FIV		COLL			\$		\$ COL			COLL
DRIVE WORK	SCHOO)L	<	15 MILE	:5	15 MILES	+ D	R/CR:									TOTAL PREM: \$					
STAT FACT	EMEN MATE	r of Rial	CLAI	M CON RETO,	ITAINI COMM	NG ANY M 11TS A FRA	ATERI UDULI	ALLY FA	LSE INFO	ORMATI ACT, W	SURANCE ION, OR CO /HICH IS A WA; in LA,	ONCEALS	S FO	R THE PU SUBJECTS	RPOSE (THE PE	OF MIS RSON	SLEADII TO CR	NG INFO	RMAT	ION CO	NCERNIN	IG ANY
IN TH	E DIST	RIC	T OF (COLUN	IBIA, V	VARNING:	IT IS A	A CRIME	TO PRO		ALSE OR M	IISLEADI	NG I	,		,		,	E PURI	POSE C	F DEFRA	UDING
THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.																						
	IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR																					
ANOT THE I	HER F	SE (SON F	ILES A	ING IN	LICATION	FOR I	INSURAN NCERNII	NCE OR S	STATEN	MENT OF C	LAIM CC	NTA	AINING AN	Y MATEF	RIALLY	/ FALSE	INFORI	MATIO	N, OR (CONCEAL	S FOR
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PRODU	CER'S S	IGN/	TURE							PRODU	UCER'S NAM	E (Please I	Print))	-				STATE PRODUCER LICENSE NO (Required in Florida)			
APPLIC	ANT'S S	ign/	TURE													DATI	E		NATI	ONAL PR	ODUCER	NUMBER