

<h1 style="margin:0;">Business Auto Application</h1>	Date (MM/DD/YY)
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Contact Person Telephone #	Applicant Name Mailing Address Zip code			
	Effective Date	Expiration Date	Yrs in business	Business SIC code

Type of Business IND Partnership Corp PA Sub S Corp Other

Current Coverages	<u>Liability</u>	<u>PIP</u>	<u>Medical</u>	<u>U/M & Underinsured</u>	<u>Towing&Labor</u>	<u>Comp</u>	<u>Collision</u>
	\$500,000 <input type="checkbox"/>	\$1000 <input type="checkbox"/>	\$1000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$1,000,000 <input type="checkbox"/>	\$2500 <input type="checkbox"/>	\$2500 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>	Rental	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
		\$5000 <input type="checkbox"/>	\$5000 <input type="checkbox"/>	Other <input type="checkbox"/>	Reimbursement	<input type="checkbox"/> Ded <input type="checkbox"/> Ded	<input type="checkbox"/> Ded <input type="checkbox"/> Ded
		\$10,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	Stacked <input type="checkbox"/>	\$ _____/per day		
		\$25,000 <input type="checkbox"/>		Unstacked <input type="checkbox"/>			

DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE THEIR OWN VEHICLE ON COMPANY BUSINESS.

DRIVER#	NAME (including address, if required)	Date of Birth	Year Lic	Drivers License Number/	State Lic	Use Veh#	% Use

AUTO INFORMATION

Veh #	Year	Make: _____	Body Type: _____	Cost New: \$ _____
		Model: _____	Veh ID #: _____	
City, State, Zip Where Garaged		Gross Weight of Veh	Normal Distance Traveled	Drive to Work/School <input type="checkbox"/> Under 15 Miles <input type="checkbox"/> 15 Miles or Over
				Use <input type="checkbox"/> Pleasure <input type="checkbox"/> Service
				Losses Last 3 Years May Need Co. Info Additional Vehicles fill out page 2

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	Yes	No	EXPLAIN ALL "YES" RESPONSES IN REMARKS	Yes	No
1. With the exception of encumbrances, are any vehicles not solely owned by and registered to the Applicant?			8. Any hold harmless agreements?		
2. Do over 50% of the employees use their autos in business?			9. Any vehicles used by family members? If so, identify in remarks.		
3. Is there a vehicle maintenance program in operation?			10. Does the Applicant obtain MVR verifications?		
4. Are any vehicles leased to others?			11. Does the Applicant have specific driver recruiting method?		
5. Are any vehicles customized, altered or have special equipment?			12. Are any drivers not covered by Workers Compensation?		
6. Are ICC, PUC or other filings required?			13. Any vehicles owned but not scheduled on this application?		
7. Do operations involve transporting hazardous material?			14. Any drivers with moving traffic violations?		

DESCRIPTION OF GARAGE/STORAGE LOCATIONS	Maximum Dollar Value Subject to Loss
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ADDITIONAL VEHICLE AUTO INFORMATION

Veh #	Year	Make: _____ Model: _____	Body Type: _____ Veh ID # : _____	Cost New: \$ _____	
City, State, Zip Where Garaged	Gross Weight of Veh	Normal Distance Traveled	Drive to Work/School __ Under 15 Miles __ 15 Miles or Over	Use __ Pleasure __ Service	Losses Last 3 Years May Need Co. Info

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ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

INTEREST IN ITEM NUMBERED

Interest	Rank:	Name and Address	Veh #	Certificate Required__	Vehicle __	Trailer __
<input type="checkbox"/> Additional Insured						
<input type="checkbox"/> Loss Payee		Name and Address	Veh#	Certificate Required __	Vehicle __	Trailer __
<input type="checkbox"/> Leinholder						
<input type="checkbox"/> Employee as Lessor		Name and Address	Veh #	Certificate Required __	Vehicle __	Trailer __

REMARKS

*Current copy of Auto Declarations page

The information is accurate to the best of my knowledge.

Signature

Thank you for completing the Business Auto application.

Please Fax application to: 813-289-4561, ATTN: Professional Dept.

Or

Mail to:

Suncoast Insurance Associates

ATTN: Professional Dept.

P.O. Box 22668

Tampa, FL 33622-2668