

AUTO APPLICATION

APPLICANT INSTRUCTIONS:

*Applicant must bind a General Liability, Property, or Package with a common (earlier) effective date than the Auto to qualify for this line of coverage.

Please check here to confirm understanding of above request: ☐

1. All applicants must complete the relevant sections of this Application in accordance with the specific coverages being requested.
2. Application must be signed and dated by the owner, partner, or officer at time of binding. Signatures must be current within 10 days of bind request.
3. Please read the statements at the end of this application carefully.

SECTION 1 ACCOUNT INFORMATION

Legal Business Name:

DBA: (If applicable)

Mailing Address:

City:

State:

Zip:

Enterprise Type: Choose an item...

If Other:

Date Business Started:

Website:

If 'New Venture', do any of the principals have a minimum of 1 year in the cannabis, CBD, or hemp industry? ☐ Yes ☐ No

SIC Code: Type: (Make **one** selection)

- | | | |
|---|--|---|
| ☐ 0182-Food Crops Grown Under Cover | ☐ 0139-Field Crops Except Cash Grains | ☐ 0181-Ornamental Floriculture and Nursery Products |
| ☐ 2099-Food Preparations, NEC | ☐ 0191-General Farms, Primarily Crops | ☐ 0723-Crop Preparation Services for Market, Except Cotton Ginning |
| ☐ 4214-Local Trucking with storage | ☐ 4212-Local Trucking without Storage | ☐ 4213-Trucking Except Local |
| ☐ 5159-Farm-Product Raw Materials, NEC | ☐ 4215-Courier Services, Except by Air | ☐ 4731-Arrangement of Transportation of Freight and Cargo |
| ☐ 8734-Testing Laboratories | ☐ 5912-Drug Stores and Proprietary Stores | ☐ 5947-Gift, Novelty, and Souvenir Shops |
| | ☐ Other: _____ | |

Please describe the primary operation:

Percentage of cannabis operations: _____%

If less than 30%, please describe the non-cannabis operations:

Is the applicant a member of any cannabis, CBD, or hemp trade association? ☐ Yes ☐ No

If yes, which association? ☐ NCIA ☐ CCIA ☐ CCSE ☐ NORML-NBN ☐ Other: _____

SECTION 2 ACCOUNT & LOSS / INSURANCE HISTORY

1. ☐ Y ☐ N Has the applicant had continuous Commercial or Business Auto Insurance for twelve months or more?

If yes, please provide detailed information below:

AUTO INSURANCE HISTORY					
EFF. DATE	EXP. DATE	CARRIER	POLICY #	PREMIUM	LOSSES

(NOTE: Loss runs dated within the past 60 days are required. Please provide detailed information for any claim(s) with incurred losses exceeding \$25,000.)

2. ☐ Y ☐ N Has any policy or coverage been declined, cancelled or non-renewed during the prior three years for any premises or operations?

3. Complete the following for any applicant or principal, partner, owner, officer, director, manager, or managing member of the applicant or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary, or affiliated organization.

a. ☐ Y ☐ N Have any of the above been convicted of a felony, or DUI in the last 5 years?

If yes, give details (i.e., date / jail time served / felony / misdemeanor):

Applicant: _____

Effective Date: _____

SECTION 2 ACCOUNT & LOSS / INSURANCE HISTORY (Continued)

- b. ☐ Y ☐ N During the last 5 years (10 in RI), has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?

If yes, please explain:

- c. ☐ Y ☐ N Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the last 5 years?

If yes, give details (i.e., occurrence date / explanation / resolution / resolve date):

- d. ☐ Y ☐ N Has applicant had a judgement or lien during the last 5 years?

If yes, give details (i.e., occurrence date / explanation / resolution / resolve date):

4. Filings Required? ☐ OTC ☐ DOT ☐ MC ☐ FF ☐ MX ☐ State Filing ☐ Other: _____

a. Name on Carrier permit (must be verbatim): _____

b. Filing Number: _____

5. ☐ Y ☐ N Is there a formal safety program in operation?

a. Is yes: ☐ Safety Manual ☐ Safety Position ☐ Monthly Meetings ☐ OSHA ☐ Other: _____

6. ☐ Y ☐ N Any exposure to flammables, explosives, chemicals?

If yes, please explain:

SECTION 3 LIABILITY COVERAGE

► Covered Autos: Select a symbol below (7, 8 or 9) and answer the corresponding questions.

- ☐ 7 – Specifically Described Autos only

Liability (per occurrence): _____ Uninsured Motorist (if applicable): _____

Medical Payments: _____ Underinsured Motorist (if applicable): _____

- ☐ 8 – Hired Autos only

Length of Hired autos: Choose an item... (required)

If 'Less than 6 months': Annual cost of hire for all short-term Hired/Borrowed vehicles (Monthly X12): _____

HIRED/BORROWED PHYSICAL DAMAGE COVERAGE

☐ Include Hired/Borrowed Physical Damage Coverage? If yes, check box and complete the following:	Number of Days:	Comprehensive Deductible: Select an item...
	Number of Vehicles:	Collision Deductible: Select an item...

- ☐ 9 – Non-owned Autos only

Number of Employees: _____ Number of Volunteers: _____ Number of Partners: _____

Applicant:

Effective Date:

SECTION 4 GARAGING ADDRESSES

☐ Check here if same as Mailing Address

*For additional Addresses, please see Additional Garaging Address Schedule Form – ([Click here](#))

LOC #	BLDG #	ADDRESS	CITY	STATE	ZIP

SECTION 5 DRIVER INFORMATION

DRIVER SCHEDULE (Submit MVRS no older than 60 days)

NAME	D.O.B.	LICENSE NO.	LICENSE STATE	RATED / EXCLUDED
				v
				v
				v
				v
				v
				v
				v
				v
				v
				v
				v

SECTION 6 VEHICLE INFORMATION

VEHICLE 1 Name Shown on Registration:

Vehicle Year:	Make: Choose an Item...	Model:	VIN:
Garaging Address:			v Vehicle Cost New:
Vehicle Usage: ☐ Commercial ☐ Retail ☐ Service	Is the vehicle salvaged? ☐ Yes ☐ No	Physical Damaged? ☐ Yes ☐ No	
Driving Radius: ☐ 0-50 miles ☐ 51-200 miles ☐ 201-500 miles ☐ 501+ miles			Any interstate travel? ☐ Yes ☐ No

Farthest Terminal:

Comprehensive/Other than Collision Deductible	Special Equipment? ☐ Yes ☐ No Cost: _____ (include customized vans/pickups) <i>If yes, please provide description of Special Equipment:</i>
Collision Deductible	
Towing and Labor: ☐ Yes ☐ No	
Audio, Visual and Data Electronic Equipment Coverage ... Choose an item...	
Rental Reimbursement Choose an item...	
Loss of Use Coverage Choose an item...	
Lease/Loan Coverage: ☐ Yes ☐ No	
Loss Payee: ☐ Yes ☐ No	

If yes, please include Loss Payee information:

a. Loss Payee Name: _____

b. Loss Payee Address: _____

Continue on next page...

Applicant: _____

Effective Date: _____

SECTION 6 VEHICLE INFORMATION (Continued)

VEHICLE 2 Name Shown on Registration:

Vehicle Year:	Make: Choose an Item...	Model:	VIN:
Garaging Address:			Vehicle Cost New:
Vehicle Usage: ☐ Commercial ☐ Retail ☐ Service	Is the vehicle salvaged? ☐ Yes ☐ No		Physical Damaged? ☐ Yes ☐ No
Driving Radius: ☐ 0-50 miles ☐ 51-200 miles ☐ 201-500 miles ☐ 501+ miles			Any interstate travel? ☐ Yes ☐ No
Farthest Terminal:			
Comprehensive/Other than Collision Deductible.....		Special Equipment? ☐ Yes ☐ No Cost: _____	
Collision Deductible.....		(include customized vans/pickups)	
Towing and Labor: ☐ Yes ☐ No		If yes, please provide description of Special Equipment:	
Audio, Visual and Data Electronic Equipment Coverage ... Choose an item...			
Rental Reimbursement Choose an item...			
Loss of Use Coverage Choose an item...			
Lease/Loan Coverage: ☐ Yes ☐ No			
Loss Payee: ☐ Yes ☐ No			
If yes, please include Loss Payee information:			
a. Loss Payee Name: _____			
b. Loss Payee Address: _____			

VEHICLE 3 Name Shown on Registration:

Vehicle Year:	Make: Choose an Item...	Model:	VIN:
Garaging Address:			Vehicle Cost New:
Vehicle Usage: ☐ Commercial ☐ Retail ☐ Service	Is the vehicle salvaged? ☐ Yes ☐ No		Physical Damaged? ☐ Yes ☐ No
Driving Radius: ☐ 0-50 miles ☐ 51-200 miles ☐ 201-500 miles ☐ 501+ miles			Any interstate travel? ☐ Yes ☐ No
Farthest Terminal:			
Comprehensive/Other than Collision Deductible.....		Special Equipment? ☐ Yes ☐ No Cost: _____	
Collision Deductible.....		(include customized vans/pickups)	
Towing and Labor: ☐ Yes ☐ No		If yes, please provide description of Special Equipment:	
Audio, Visual and Data Electronic Equipment Coverage ... Choose an item...			
Rental Reimbursement Choose an item...			
Loss of Use Coverage Choose an item...			
Lease/Loan Coverage: ☐ Yes ☐ No			
Loss Payee: ☐ Yes ☐ No			
If yes, please include Loss Payee information:			
a. Loss Payee Name: _____			
b. Loss Payee Address: _____			

Continue on next page...

Applicant: _____

Effective Date: _____

SECTION 6 VEHICLE INFORMATION (Continued)

VEHICLE 4 Name Shown on Registration:

Vehicle Year:	Make: Choose an Item...	Model:	VIN:
Garaging Address:			Vehicle Cost New:
Vehicle Usage: ☐ Commercial ☐ Retail ☐ Service	Is the vehicle salvaged? ☐ Yes ☐ No		Physical Damaged? ☐ Yes ☐ No
Driving Radius: ☐ 0-50 miles ☐ 51-200 miles ☐ 201-500 miles ☐ 501+ miles			Any interstate travel? ☐ Yes ☐ No
Farthest Terminal:			
Comprehensive/Other than Collision Deductible.....		Special Equipment? ☐ Yes ☐ No Cost: _____	
Collision Deductible.....		(include customized vans/pickups)	
Towing and Labor: ☐ Yes ☐ No		If yes, please provide description of Special Equipment:	
Audio, Visual and Data Electronic Equipment Coverage ... Choose an item...			
Rental Reimbursement Choose an item...			
Loss of Use Coverage Choose an item...			
Lease/Loan Coverage: ☐ Yes ☐ No			
Loss Payee: ☐ Yes ☐ No			
If yes, please include Loss Payee information:			
a. Loss Payee Name: _____			
b. Loss Payee Address: _____			

VEHICLE 5 Name Shown on Registration:

Vehicle Year:	Make: Choose an Item...	Model:	VIN:
Garaging Address:			Vehicle Cost New:
Vehicle Usage: ☐ Commercial ☐ Retail ☐ Service	Is the vehicle salvaged? ☐ Yes ☐ No		Physical Damaged? ☐ Yes ☐ No
Driving Radius: ☐ 0-50 miles ☐ 51-200 miles ☐ 201-500 miles ☐ 501+ miles			Any interstate travel? ☐ Yes ☐ No
Farthest Terminal:			
Comprehensive/Other than Collision Deductible.....		Special Equipment? ☐ Yes ☐ No Cost: _____	
Collision Deductible.....		(include customized vans/pickups)	
Towing and Labor: ☐ Yes ☐ No		If yes, please provide description of Special Equipment:	
Audio, Visual and Data Electronic Equipment Coverage ... Choose an item...			
Rental Reimbursement Choose an item...			
Loss of Use Coverage Choose an item...			
Lease/Loan Coverage: ☐ Yes ☐ No			
Loss Payee: ☐ Yes ☐ No			
If yes, please include Loss Payee information:			
a. Loss Payee Name: _____			
b. Loss Payee Address: _____			

Continue to 'Section 7' on next page...

Applicant: _____

Effective Date: _____

SECTION 7 ENDORSEMENT COVERAGE INFORMATION

1. ☐ Y ☐ N **Employer's Non-Ownership?**
 - a. ☐ Y ☐ N **Is the non-owned auto exposure purely incidental?**
(EX. Are these drivers running errands on behalf of the applicant (incidental)? Or, are they delivering product to customers (not incidental))
 - b. ☐ Y ☐ N **Do any of the employees use their personal vehicles for delivery?**
2. ☐ Y ☐ N **Business Auto Extension**
3. ☐ Y ☐ N **Fellow Employee Coverage**
4. ☐ Y ☐ N **Mobile Business Interruption Coverage:** Choose an Item...
(NOTE: Must have comprehensive/Collision coverage to qualify for this coverage)
5. ☐ Y ☐ N **Pollution Liability-Broadened Coverage for Covered Autos**
6. ☐ Y ☐ N **Tools and Equipment Coverage**

SECTION 8 UNDERWRITING QUESTIONS

1. ☐ Y ☐ N **With the exception of encumbrances, are any vehicles for which insurance is requested NOT solely owned by and registered to the applicant?**
 - a. ☐ Y ☐ N **If yes, are all owners listed in the vehicles section?**
2. ☐ Y ☐ N **Do employees use their personal vehicles in the business?**
 - a. **If yes, how many:** ☐ Under 50% ☐ Over 50%
3. ☐ Y ☐ N **Is there a vehicle maintenance program in operation?**
4. ☐ Y ☐ N **Do operations involve transporting hazardous material?**
 - a. **If yes, explain:**
5. ☐ Y ☐ N **Any hold harmless agreements?**
6. ☐ Y ☐ N **Any vehicles used by family members?**
7. ☐ Y ☐ N **Any listed vehicles solely for personal use?**
8. ☐ Y ☐ N **Does the applicant obtain MVR (Motor Vehicle Record) verifications?**
 - a. **If yes, how are the records pulled:** _____
 - b. **How frequently are records updated:** _____
9. ☐ Y ☐ N **Does the applicant have a specific driver recruiting method?**
10. ☐ Y ☐ N **Are any drivers NOT covered by Workers Compensation?**
11. ☐ Y ☐ N **Any vehicles owned but not scheduled on this application?**
12. ☐ Y ☐ N **Has agent inspected vehicles?**
13. ☐ Y ☐ N **Are all vehicles to be included in this policy part of a fleet?**
14. ☐ Y ☐ N **Does applicant have electronic monitoring devices that record and transmit data in any of their vehicles?**
 - a. **If yes, select all that apply:**
☐ Monitor Driver Safety ☐ Navigation ☐ Traffic Fuel Consumption ☐ Monitor Vehicle Maintenance ☐ Mileage Tracking
☐ Location Tracking ☐ Other: _____
 - b. **Percent of fleet:** _____
 - c. **Maximum dollar value subject to loss:** _____
 - d. **Description of garage/storage locations:** _____
15. ☐ Y ☐ N **Does the applicant comply with all governing body regulations concerning driver employment and transportation?**
16. ☐ Y ☐ N **Any rapid, on demand or time critical delivery?**
17. ☐ Y ☐ N **Any interstate travel?**

Continue to 'Section 9' on next page...

Applicant: _____

Effective Date: _____

SECTION 9 ADDITIONAL INTERESTS (AI)

☐ CHECK BOX IF THERE ARE NO ADDITIONAL INTERESTS

**To list more Additional Interests, please see Additional Interest Schedule – ([Click here](#))*

Associated Vehicle with this Additional Interest - Vehicle #: _____ OR Interest Per Policy: ☐ Yes ☐ No

Interest Name: _____

AI Address: _____ City: _____ State: _____ Zip: _____

AI Interest Type: (Check one) ☐ Additional Insured ☐ Co-Owner ☐ Employee as Lessor ☐ Leaseback ☐ Lienholder ☐ Loss Payee
☐ Owner ☐ Registrant ☐ Other: _____

Evidence Type: ☐ None ☐ Certificate ☐ Policy ☐ Send Bill

Loan/Reference Number: _____ Interest End Date: _____

Associated Vehicle with this Additional Interest - Vehicle #: _____ OR Interest Per Policy: ☐ Yes ☐ No

Interest Name: _____

AI Address: _____ City: _____ State: _____ Zip: _____

AI Interest Type: (Check one) ☐ Additional Insured ☐ Co-Owner ☐ Employee as Lessor ☐ Leaseback ☐ Lienholder ☐ Loss Payee
☐ Owner ☐ Registrant ☐ Other: _____

Evidence Type: ☐ None ☐ Certificate ☐ Policy ☐ Send Bill

Loan/Reference Number: _____ Interest End Date: _____

Associated Vehicle with this Additional Interest - Vehicle #: _____ OR Interest Per Policy: ☐ Yes ☐ No

Interest Name: _____

AI Address: _____ City: _____ State: _____ Zip: _____

AI Interest Type: (Check one) ☐ Additional Insured ☐ Co-Owner ☐ Employee as Lessor ☐ Leaseback ☐ Lienholder ☐ Loss Payee
☐ Owner ☐ Registrant ☐ Other: _____

Evidence Type: ☐ None ☐ Certificate ☐ Policy ☐ Send Bill

Loan/Reference Number: _____ Interest End Date: _____

Associated Vehicle with this Additional Interest - Vehicle #: _____ OR Interest Per Policy: ☐ Yes ☐ No

Interest Name: _____

AI Address: _____ City: _____ State: _____ Zip: _____

AI Interest Type: (Check one) ☐ Additional Insured ☐ Co-Owner ☐ Employee as Lessor ☐ Leaseback ☐ Lienholder ☐ Loss Payee
☐ Owner ☐ Registrant ☐ Other: _____

Evidence Type: ☐ None ☐ Certificate ☐ Policy ☐ Send Bill

Loan/Reference Number: _____ Interest End Date: _____

Associated Vehicle with this Additional Interest - Vehicle #: _____ OR Interest Per Policy: ☐ Yes ☐ No

Interest Name: _____

AI Address: _____ City: _____ State: _____ Zip: _____

AI Interest Type: (Check one) ☐ Additional Insured ☐ Co-Owner ☐ Employee as Lessor ☐ Leaseback ☐ Lienholder ☐ Loss Payee
☐ Owner ☐ Registrant ☐ Other: _____

Evidence Type: ☐ None ☐ Certificate ☐ Policy ☐ Send Bill

Loan/Reference Number: _____ Interest End Date: _____

Applicant:

Effective Date:

DISCLOSURES / WARRANTIES / ACKNOWLEDGEMENTS

FRAUD WARNING: Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only. Applicable in FL and OK: 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)*. *Applies in FL Only. Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or believe that it will be present to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act. Applicable in KY, NY, OH, and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only. Applicable in Me, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment fines and denial of insurance benefits. *Applies in ME Only. Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law. Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Other Conditions: Questions and information provided in this application will become part of the policy of insurance if issued. Other Terms, Conditions and Coverages will be included as part of any insurance policy issued by the insurance company. Those Terms, Conditions and Coverages may differ from what is requested in this application.

I, _____, an authorized representative of _____, understand and agree that this application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business and I agree to release to the Carrier any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

THIS APPLICATION MUST BE SIGNED BY APPLICANT AT BINDING AND DATED WITHIN 10 DAYS OF INCEPTION DATE. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE AS COVERAGE BECOMES EFFECTIVE ONLY WHEN ACCEPTED BY THE INSURANCE COMPANY.

APPLICANT		BROKER	
Authorized Applicant Signature:	Date Signed:	Signature of Broker:	Date Signed:
Printed Name of Applicant:		Printed Name of Broker:	
Title of Applicant:		Name of Agency:	
Phone Number:			
Requested Effective Date:			

THANK YOU FOR YOUR BUSINESS!

