

Applicant:

Effective Date:

SECTION 4 GARAGING ADDRESSES - Continued

☐ Check here if same as Mailing Address

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	
Loss of Use Coverage	
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: _____			