ALWAYS FAITHFUL INSURANCE AGENCY

Dr. George Rapciewicz Jr., Principal Broker
CA Broker License #4476212 | NPN #21686200 | Licensed P&C Broker in 21 States
Temecula, CA | 650-489-2592 | support@semperfiservicesolutions.com | semperfiservicesolutions.com
California Certified Disabled Veteran Business Enterprise & Small Business #2045250

COMMERCIAL AUTO APPLICATION

This form asks for confidential information. Send the completed form only to support@semperfiservicesolutions.com. We keep your information confidential and use it only to quote and place your insurance.

BUSINESS

Business Name: _____ DBA: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Email: _____ Website: _____

Entity: ☐ Individual / Sole Prop ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

FEIN: _____ SSN (sole proprietors only): _____ State of Formation: _____

Years in Business: _____ CSLB / Professional License # (if any): _____ Desired Effective Date: _____

Describe what the business does and how the vehicles are used:

_____

Radius of operation (furthest regular trip) ..... ☐ Under 50 mi ☐ 50-200 mi ☐ 200+ mi

Do any vehicles leave California? ..... ☐ Yes ☐ No

If yes, which states: _____

Do you haul goods for others for hire, or need a USDOT / MC number? ..... ☐ Yes ☐ No

USDOT / MC #: _____

Do you carry hazardous materials, or any vehicle over 26,000 lbs GVW? ..... ☐ Yes ☐ No

Do you tow trailers or equipment? ..... ☐ Yes ☐ No

Describe trailers (also list them in the vehicle schedule): _____

VEHICLE SCHEDULE

Vehicles and trailers (attach a separate sheet if more than 8)

#	Year	Make / Model	VIN (17 characters)	Body Type (van, pickup, box)	GVW	Cost New / Stated Value	Garaging ZIP	Owned / Leased / Lienholder
1								
2								
3								
4								
5								
6								
7								
8								

DRIVER SCHEDULE

Everyone who drives a business vehicle (include owners)

#	Full Name	Date of Birth	Driver's License #	License State	Years Licensed	Hire Date	Accidents / Tickets Last 3 Years	Takes Vehicle Home Y/N
1								
2								
3								
4								
5								
6								
7								
8								

Do you run motor vehicle reports (MVRs) on drivers before hire and at least yearly? ☐ Yes ☐ No

Do you have a written driver safety or cell phone policy? ☐ Yes ☐ No

Do employees ever drive their OWN vehicles for business errands? ☐ Yes ☐ No

Hired & non-owned auto coverage covers this. About how often? _____

Do you rent or borrow vehicles for business use? ☐ Yes ☐ No

COVERAGE REQUESTED

Liability limit (combined single limit) ☐ $500,000 ☐ $1,000,000 ☐ Other / per contract

Comprehensive / collision deductibles ☐ $500 ☐ $1,000 ☐ $2,500 ☐ Liability only

Also include:

☐ Hired & non-owned auto ☐ Uninsured motorist ☐ Medical payments

☐ Rental reimbursement ☐ Towing ☐ Cargo / tools in vehicle

CURRENT INSURANCE

Current Insurance Company: _____ Policy Expires: _____

Has any insurance company canceled, non-renewed or declined this commercial auto policy in the last 3 years? ☐ Yes ☐ No

If yes, company, date and reason: _____

Has coverage lapsed (gone without insurance) at any time in the last 3 years? ☐ Yes ☐ No

Attach your current declarations page if you have one; it is the fastest way for us to match or beat your coverage.

Commercial auto losses, last 5 years (or attach loss runs)

#	Date	Driver	Description	Amount Paid	Open / Closed
1					
2					
3					
4					

APPLICANT SIGNATURE

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

The undersigned states that the information provided in this application is true and complete to the best of their knowledge, and authorizes Always Faithful Insurance Agency to submit it to insurance companies for the purpose of obtaining quotations. Submitting this form does not bind coverage; coverage begins only when confirmed in writing by the agency or the insurance company.

Printed Name: _____ Title (if business): _____

Signature: _____ Date: _____

Sign by typing your name in the signature box, signing with your PDF reader's Fill & Sign tool, or printing and signing by hand. Email the completed form to support@semperfiservicesolutions.com or call 650-489-2592.