

COMMERCIAL AUTO APPLICATION

Main: 303-900-2960 Toll Free: 855-900-2960 Email: submissions@cig-llc.biz



Agency: _____ Phone: _____

Contact: _____ Signature of Agent: _____

Please note: *All questions **MUST** be answered completely to provide a quote. Incomplete submissions delay the process.*
 Sections 1-7 must be completed for all non trucking quotes, or those not requiring filing.
 Section 8 must be completed for trucking for hire, towing operations and all other risks requiring filings.

1. General Information		
Applicant Legal Name	Form of Business: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Non-profit <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Company Name		
Description of Business Operation	DBA (if any)	
Tax Identification (FEIN) or Social Security number*	Year Business was Established	
Location of Business Premises or Physical Address	Business Telephone*	
City	State	Zip Code
Mailing address (if different)	State	Zip Code
Owner/Principal Information		
Owner Name (First, Middle, Last)	Date of birth:	
SS# of Owner (optional)	Home Address	Apt. #
City	State	Zip Code

2. Prior Coverage Information			
Continuous Coverage (Check One):			
<input type="checkbox"/> 12 months or more on Commercial Vehicle Policy with no lapse in coverage <input type="checkbox"/> 12 months or more on Personal Vehicle Policy with no lapse in coverage <input type="checkbox"/> Less than 12 months Personal/Commercial coverage <input type="checkbox"/> No prior insurance coverage			
Prior Insurance Company	Prior BI Limit:	Prior Expiration Date	Does the insured have a current GL or BOP? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. History								
Have there been any losses in the current year or the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please complete below.								
Year	Liability		Physical Damage		Cargo		General Liability	
	# Claims	Amount Incurred	# Claims	Amount Incurred	# Claims	Amount Incurred	# Claims	Amount Incurred

*Loss runs are required for all applicants with 6 or more units.

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4. Drivers			
I declare the following list includes all drivers of vehicles requested to be covered under the policy including employees, leased employees, owner operations, and any other person allowed to drive an insured vehicle.			
Driver Name	DOB (MM/DD/YY)	License # and State	CDL
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Vehicles *Vehicles requesting comprehensive/collision coverage MUST have a listed STATED VALUE below including any permanent attached equipment.					
Unit 1	Year	Make & Model	Vehicle Type*	<input type="checkbox"/> Business <input type="checkbox"/> Both <input type="checkbox"/> Personal	Garaging ZIP
Radius		VIN		Stated value:	
Unit 2	Year	Make & Model	Vehicle Type*	<input type="checkbox"/> Business <input type="checkbox"/> Both <input type="checkbox"/> Personal	Garaging ZIP
Radius		VIN		Stated value:	
Unit 3	Year	Make & Model	Vehicle Type*	<input type="checkbox"/> Business <input type="checkbox"/> Both <input type="checkbox"/> Personal	Garaging ZIP
Radius		VIN		Stated value:	
Unit 4	Year	Make & Model	Vehicle Type*	<input type="checkbox"/> Business <input type="checkbox"/> Both <input type="checkbox"/> Personal	Garaging ZIP
Radius		VIN		Stated value:	
Unit 5	Year	Make & Model	Vehicle Type*	<input type="checkbox"/> Business <input type="checkbox"/> Both <input type="checkbox"/> Personal	Garaging ZIP
Radius		VIN		Stated value:	
Unit 6	Year	Make & Model	Vehicle Type*	<input type="checkbox"/> Business <input type="checkbox"/> Both <input type="checkbox"/> Personal	Garaging ZIP
Radius		VIN		Stated value:	

Vehicle Type Option (Please be specific)

- | | | | | |
|---------------------|---------------------|---------------|-------------------|-----------------|
| Bus* | Dump Trailer Bottom | Garbage Truck | Lowboy | Stake Truck |
| Box Truck | Dump Trailer End | Gooseneck | Passenger Van* | Tank Trailer |
| Bucket Truck | Dump Truck | Hopper/Grain | Pickup | Tow Truck |
| Car Carrier Trailer | Emergency Vehicle | Livestock | Refr. Dry Freight | Tractors |
| Cargo Van | Flat Bed | Limo* | Sedan | Utility Trailer |
| Dry Freight | Flat Bed Truck | Log | SUV | Wrecker/Roll On |

*If Body Type is a bus or passenger van, please include seating capacity in Vehicle Type. Example: Bus 68 passengers

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6. Additional Required Underwriting Information (PLEASE COMPLETE THIS PORTION OF THE FORM!)

IMPORTANT! : Range of operation: Interstate Intrastate

Yes No Is this risk required to have State or Federal Filings? (If yes, please complete filing section)

Yes No Do you own any other businesses?

Yes No Are all owned/operated power units listed on this application? (required with filings)

Yes No Do you lease any of these scheduled autos to others?

Yes No Do you haul any hazardous materials?

Yes No Do you agree to report all drivers to your agent prior to them driving any units insured?

Yes No Does insured have USDOT #? If yes, year issued: _____

Yes No Are placards required for any units?

Yes No Do any vehicles operate to a landfill?

Yes No Is this a livery or passenger transportation risk?

If Yes: Yes No Do you transport passengers to hotels, airports, or gambling establishments?

Yes No Are there any wheelchair-equipped units?

Yes No Do any units have fare boxes or meters?

Yes No Are any vehicles stretched?

If Yes, please specify unit and length: _____

Specify Risk: Taxi Uber Limo Shuttle Party bus

Yes No Are any Additional Insured's requested? If yes, # _____

*Additional Insured's information can be provided at binding.

7. Coverages

7. A. Primary Coverages

Auto Liability BI : _____ PD: _____ or _____ CSL

ALTERNATIVELY: Auto Non-Truck Liability BI : _____ PD: _____ or _____ CSL

Uninsured Motorists: _____ Rejected Underinsured Motorists: _____ Rejected

Uninsured Motorists Property Damage (if available): _____ Rejected

Personal Injury Protection (if available): _____ Rejected

OR Med Pay: _____ Rejected

Comprehensive deductible : _____ Collision deductible: _____ Stated amount must be listed in **Section 5. Vehicles**

7. B. Additional Coverages

Rental Reimbursement (if available) \$ per day: _____

Roadside assistance (if available) Yes No

Trailer Interchange (optional) # of trailers: _____ Limit: _____

Hired Auto (if available) AND/OR Non Owned (if available)

If applying for Hired Auto coverage, please enter the annual estimated cost of hire: _____

If non-owned coverage is desired, please enter the number of employees: _____

*Additional HA/NO Supplement may be requested at a later time

7. C. Cargo

Yes No Motor Truck cargo? Limit desired per vehicle: _____ Deductible: _____

Yes No Do you haul your own cargo exclusively?

Yes No Refrigerated Cargo (Reefer) Breakdown?

Yes No Requesting any State cargo filings? If yes, specify State: _____

Yes No On-Hook Towing? Limit desired per vehicle: _____ Deductible: _____

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7. Cargo continued Commodities hauled: Please complete percentage and value for each commodity hauled								
PROPERTY	%	VALUE	PROPERTY	%	VALUE	PROPERTY	%	VALUE
Agricultural products			Liquid (non-flammable)			Household goods (personal property)		
Appliances			Paper products			Computer equipment		
Power tools			Plastic products			Office equipment		
Tools			Petroleum products			Sporting goods		
Hardware			Furniture-new			Tires & tubes		
Electronics			Store merchandise			Automobile parts		
Clothing			Meat (refrigerated)			Autos and boats		
Toys			Meat (frozen)			Campers/RVS		
Furs			Metal/steel			Mobile homes		
Farm products			Milk bulk/carton			Containerized freight		
Grain/feed			Dairy products			Logs/pulpwood		
Fertilizer			Produce			Lumber		
Hay			Groceries			Building Materials		
Glass Products			Canned goods			Sand/gravel		
Machinery			Food- frozen			Coal		
Tobacco			Seafood (fresh)			Fine arts/collectibles		
Explosives			Seafood (frozen)			Precious metals & jewelry		
Livestock			Beer and wine			Drugs- Pharmaceuticals		
Heavy equipment			Beverages (non-alcoholic)			Other (specify): _____		

8. Filing Section Please note that the name and address on policy must be exactly as shown on commissions application acceptance notice or most current operating authority

Yes No Does the applicant act as a freight broker, freight forwarder, or have broker authority?
 Yes No Does the insured haul any hazardous refuse, garbage, or waste? If yes specify: _____
 Yes No Does the insured haul intermodal containers?
 Yes No If towing risk, does insured do any repossession work? If yes: _____%
 Property Carrier Passenger carrier # of passenger capacity: _____
 Interstate Carrier (BMC91/BMC91X) USDOT # _____ MC _____ Base State: _____
 Intrastate Carrier State(s) _____ USDOT#: _____
 CA # _____ (MCP65) TX _____ TXDOT/TDLR# _____ IL Auth# _____
 MCS90
 Form H (State Cargo Filing)
 Oversize/overweight- shown State(s) _____

*State Cargo/Form H, if needed, please complete with all commodities hauled in section 7C for Cargo.

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MVR and Credit Report Authorization

Acknowledgement:

I authorize Commercial Insurance Group, LLC (CIG) to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living.

I additionally authorize CIG to obtain a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies with CIG.

I hereby certify that the information contained in this CIG application is true and agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and will hold the Company harmless for the action taken.

I also agree that if a policy is issued pursuant to this application, the application and any elections or rejections, which are included with the application and signed by me, may be relied upon by the Company as accurate and shall become a part of the policy. I further understand and agree that the Company requires all units to be scheduled if I have requested an MCS-90 or filings.

Required Signatures:

Signature of **APPLICANT**

Signature of **AGENT**

Type or Print Applicant Name

Agency Name

Title or Relationship to Applicant

Address of Agency

Date and Time Application Completed

Address Continued

Requested Effective Date and Time

General Agent Office Use Only