

APPLICATION FOR BUSINESS AUTOMOBILE INSURANCE

Name _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Fax _____

Years at this address _____ Do You own it ? _____ -

Occupation: _____

Schedule of owned Vehicles:

Year	Make	Description/ Model	Serial number	Zip of garaging	Gross Vehicle weight	Stated Value

Please list all drivers of the vehicles and the information about the drivers:

Driver's Name	Birth Date	License No.	S. S . No.	# Acc	#Citations

Show record for last three years.

Federal Employer Identification Number: _____ State No. _____

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Please describe the use of the vehicles:

What do they haul? _____

Are any of the products hauled considered hazardous? _____

How many stops per day? _____ Radius of Operations: _____

Please list date present insurance expires: _____

Name of present insurer: _____

Policy Number: _____ Policy Period _____

Note: you may get a lower rate if you have been continuously insured for a full 12 months before making application.

Do you check drivers driving records? _____ How? _____

Do you have a written maintenance program? _____

Do you have a written safety program? _____ If yes, when was it established? _____

Do you have a PUC permit Number? _____ If Yes, list it _____

Do you have an ICC permit Number? _____

Who is your workers compensation insurer? _____

Policy Number _____ Expiration Date _____

If we write your trucks, but not your workers compensation, we will be requiring a certificate from the underwriter.

Please show the registered owner of each vehicle:

Unit No.	Registered Owner	Odometer Reading	Lien Holder

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Applicant's signature:

I hereby apply to the Company for an insurance policy as set forth in this application, based on my statements and representations which are true to the best of my knowledge. I agree that this policy shall be null and void from the inception if I provide false or misleading information, or omit information which would materially affect acceptance of my risk. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I understand that this application becomes a part of the insurance policy if issued. I understand that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, credit history, driving record, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. I agree to submit to loss control inspections as often as the Company may reasonably require. I agree that refusal to submit to an inspection is grounds for cancellation of my policy. I agree that no coverage will be bound and this policy shall be void from the inception if my payment is not honored by the Bank. I understand that a reasonable service charge shall be assessed if any check is offered in payment and is returned from the bank unpaid.

Signature of the insured

Date

**Fax or mail this survey form to
CMIS, INC. Fax 818 366 2455
P O Box 7817
Northridge CA 91327-7817**

License OC73809

Upon receipt, we will evaluate the information and provide a quotation for your consideration. No coverage can be bound until we have received your check in our offices after we have provided you with the insurer's offer of coverage.