



CONTRACTORS BEST INSURANCE SERVICES INC.

20335 Ventura Blvd., Ste 426, Woodland Hills, CA 91364
 Phone No: 818-348-4900 Toll Free: 888-960-1361 FAX No: 866-309-9237
 CA License #0F37560

COMMERCIAL AUTO APPLICATION

Note: Throughout this questionnaire the words "you" and "your" include all entities seeking coverage

Name of Applicant: _____

D/B/A: _____

Street Address: _____

P.O Mailing Address: _____

Phone Number: (____) _____

E-Mail: _____

Web Site: _____

PROPOSED EFFECTIVE DATE: FROM _____ **TO** _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY. INDICATE "NOT APPLICABLE."

1. Applicant is: ___ Individual ___ Partnership ___ Corporation ___ Other _____
2. FEIN #: _____
3. Contractor License # _____ Class: _____
4. How long has this operation been in business? _____
5. has there been any change in ownership, management or the name of the operation during the last 5 years? _____
 ___Yes ___NO
 If Yes, Provide Details: _____
6. Is the Applicant a subsidiary of another entity or does the applicant have any subsidiaries?
 ___Yes ___NO
 If yes, Provide Details: _____
7. Description of Operations _____

Owner Information

Owner Name	Social Security Number	Address	% Ownership	Title

8. # of Employees: _____ Full _____ Part _____ Seasonal _____ Volunteers
9. How many years of experience do you have in the contracting business? _____ Years in Business of entities seeking coverage? _____

10. Normal Areas/Radius of Operations: _____

11. States in which you operate: _____

12. Have you filed for BANKRUPTCY in the past 5 years? Yes NO

13. Is there a formal safety program? Yes NO

If Yes, provide details or a copy: _____

14. Have you had any insurance Canceled, Declined, or Non-renewed in the last 3 years?
..... Yes NO

If Yes, Please explain: _____

DESCRIPTION OF OPERATIONS

15. Please provide the registered owner's driver license number, social security number, federal employer identification number, state customer number or Soundex number for all vehicles:

16. Specifically, identify commodities transported: _____

17. Any Exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)? Yes NO If Yes, provide specific details: _____

18. List all States Vehicles operate in: _____

19. Largest Cities Entered: _____

20. Is your Operation subject to time restraints when delivering the commodity? Yes NO

21. If not hauling for others, will the vehicles be parked at job sites most of the day? Yes NO

22. Do you Haul for others? Yes NO

If Yes, indicated percentage and for whom: _____%

23. Are any vehicles or equipment loaned, rented or leased to others? Yes NO

24. Do you lease, hire, rent or borrow any vehicles from others? Yes NO

What is the average term of the lease? _____

Is there a written agreement? Yes NO

If Yes, provide a copy of the agreement

25. What is your cost to lease, hire rent or borrow vehicles? \$ _____

26. What type of vehicles do you lease, hire, rent or borrow? _____

27. Are any units customized or altered, or do they have special equipment? Yes NO

If Yes, how are they altered? _____

28. Do you have vehicles with a boom? Yes NO

If Yes, what is the collapsed length? _____

29. Do you use owner/operators? Yes NO

If Yes, is there a written agreement? Yes NO

What is the average length of the agreement? _____

30. If owner/operators are leased for twelve (12) months or longer, will they be scheduled on your policy? Yes NO

If Yes, Provide a copy of the agreement you use.

31. Do you use subcontractors? Yes NO

If Yes, Answer Questions a – d

- a. Are subcontractors required to provide Certificates of Insurance? Yes NO
 - b. What limit of Auto Liability are subcontractors required to carry? _____
 - c. What job duties are performed by the subcontractors? _____
 - d. What is your cost to use subcontractors? _____
32. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? Yes NO
- If Yes, Explain: _____
33. Do any employees use their autos in your business? Yes NO
- If Yes, what limit of liability insurance are they required to maintain? _____
34. Do you understand that we may audit your records for Hired and Non-Owned Auto exposure? _____ Yes NO
35. Are any vehicles used by family members? Yes NO
- If Yes, Explain? _____
36. Are any vehicles used for personal use? Yes NO
- If Yes, Explain? _____
37. Do you allow passengers to ride in your vehicles? Yes NO
- If Yes, Explain? _____
38. Are all Drivers covered by Workers' Compensation Insurance? Yes NO

DRIVER INFORMATION

39. Are you familiar with the U.S. Department of Transportation Driver Requirements? Yes NO
40. Do you maintain driver activity files? Yes NO
- Do you review current MVRs on all drivers prior to hiring? Yes NO
- Is there a formal driver hiring procedures? Yes NO
- If you have a formal driver hiring / training program, provide a copy with this application
41. Are all drivers employees? Yes NO
- If No, Explain: _____
42. How are your drivers paid? Per Load Per Hour Other _____
43. Is there a formal Safety Program? Yes NO
- If Yes, Provide details or a copy: _____
44. Provide details on your maintenance program? _____

45. Do you agree to screen and report all potential operators immediately upon hiring? Yes NO
46. Maximum number of hours driver will operate a vehicle in a 24-hour period: _____
47. List below all drivers currently employed as of the proposed effective date.

If a Non-Owned auto is to be considered, you must list information for all employees currently employed by you.

Driver's Name	Date of Birth	Driver's License No.	State	Class of License	# of Years Driving Similar Vehicle	Length of Employment	List Past 3 years of Accidents & Traffic Violations

VEHICLE INFORMATION

48. Number of Vehicles Owned: ___ Light ___ Medium ___ Heavy ___ Extra Heavy ___
 Tractors ___ Trailers ___ Private Passenger Type
49. Number of Vehicles Leased: ___ Light ___ Medium ___ Heavy ___ Extra Heavy ___
 Tractors ___ Trailers ___ Private Passenger Type
50. Do you contemplate using double or triple trailers? ___Yes ___NO
 If Yes, what percentage of trips involve the use of multiple trailers? _____%
51. Do all trailers have DOT – required reflective tape? ___Yes ___NO
52. Are any vehicles owned, operated or leased that are not included in the schedule below?
 ___Yes ___NO
 If Yes, Provide Details: _____

SCHEDULE OF VEHICLES
 (Attach copies of the vehicle registration for all vehicles and explain if registration name is different from applicant's name)

Unit #	Year/Model	Trade Name	Type of Vehicle	Vehicle ID # (VIN)	GCW/GVW or Seating Capacity

Unit #	Radius (in miles)	Garaging Location	Registration State	License Plate #

Unit #	Stated Amount or ACV Excluding Permanently Attached Equipment	Value of Permanently Attached Special Equipment	SCOL Deductible	Comp. Deductible	Coll. Deductible	Loss Payee

EXPOSURE HISTORY

Year	Gross Receipts	Mileage	Number of Power Units
Current Year			
Projected for Coming Year			

FILING INFORMATION

53. Do you hold a FHWA permit? __Yes __NO
 If Yes, Provide your docket number & base state: _____

54. State Filings Required: _____

55. Show Exact Name and Address in which permits are to be issued: _____

56. Are there any special requirements needed for City Permits, Certificates of Insurance, Oversize and/or overweight permits? __Yes __NO
 If Yes, Provide Details: _____

PRIOR CARRIER AND LOSS EXPERIENCE

57. Have you had any insurance cancelled, declined or non-renewed in the last 3 years?
 __Yes __NO
 If Yes, Explain: _____

The following Prior Carrier and Loss Experience Section **MUST** be completed:

Policy Period	Prior Carrier	Policy #	Past Deductible Amount	Premium Liability	Premium Phys. Damage	# of Losses	Liability Losses Paid/Open*	Phys Damage Losses Paid/Open*

*Include a min. of 3 years currently valued company loss runs for all accounts with 10+ power units.

LIMIT AND COVERAGE INFORMATION

58. Liability:
Bodily Injury _____ Property Damage _____ Combined Single Limit _____
59. Hired Auto: States _____ Cost of Hire _____
60. Non-Owned Auto: States _____
Number of Employees: Partners _____ Employees _____ Volunteers _____
61. Uninsured Motorist: ___ Rejected Limits Accepted _____
62. Underinsured Motorist: ___ Rejected Limits Accepted _____
(Complete appropriate UM/UIM Rejection/Selection Form for Questions 52. and 53)
63. Optional No-Fault State: PIP Rejected? ___Yes ___NO
64. Mandatory No-Fault State: PIP Basic Limits Accepted? ___Yes ___NO
(Complete appropriate Personal Injury Protection Form)
65. Physical Damage Deductibles: _____ \$500 _____ \$1,000 _____ Other: Specify _____
66. Medical Payments: ___ Rejected ___ Limits Accepted: _____

This Application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

APPLICANTS SIGNATURE: _____ **DATE:** _____

NAME & TITLE: _____

PRODUCER: _____

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