CENCAL

Insurance Services, Inc.
P.O. Box 5081
San Ramon, CA 94583
(800) 937-3965 - (925) 275-0281 fax
CA License No. 00791237

☐ New
☐ Renewal of_____
REPRESENTED BY :

COMMERCIAL AUTOMOBILE APPLICATION

Name of Applicant_____ Federal I.D. No._____
(Exact Entity)

Address_____
(Number) (Street) (City) (County) (State) (Zip)

Desired Effective Date_____ to _____
(12:01 a.m. standard time at the address shown above or_____A.M./P.M.

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other _____

Applicant's Business_____Years Experience in This Business_____

Location To Be Inspected (include directions if necessary)_____

_____

Inspection Contact Person_____Phone No._____

Estimate of Financial Worth $_____ Gross Receipts Last Yr. $_____ Estimate For Next Yr. $_____

DESCRIPTION AND AREA OF OPERATIONS

Describe your operation including products or items hauled and normal routes_____

_____

_____

Do you ever: Transport hazardous products? ____Do repossession? ____ Have emergency Use? ____ Explain YES responses in REMARKS below.

List all states entered: _____

Maximum radius _____ miles. Largest cities entered or driven through_____

Do you haul for others?_____ If yes, for whom?_____

Is insurance to apply to all owned and leased vehicles?_____ If not, explain in REMARKS below. Number of vehicles owned_____

Do you hire any equipment?_____ If yes, what is Estimated Annual Cost of Hire?_____

FILINGS - CERTIFICATES - ADDITIONAL INSURERS

For prompt and accurate filing(s), complete information must be given including **exact name and address** and Docket No. under which authority exists. Failure to do so will result in delays and suspensions. Use separate sheet if necessary.

Do you have an I.C.C. permit?_____ If yes, Docket Number? _____ Form E?_____ Form H?_____

State filing(s) required? (Show states, permit numbers and indicate Form E, H, etc.)_____

_____

Show exact name in which permits are issued:_____

Are any Additional Insureds needed to be named on policy?_____ If so, give full name and address and their interest in this coverage: _____

_____

Are any certificates of insurance needed?_____ If yes, show name, address and any special instructions: _____

PREVIOUS INSURERS AND LOSS EXPERIENCE

Has Insurance of the type applied for ever been cancelled, declined or renewal refused?_____

If yes, explain fully in REMARKS giving name of insurance companies, dates and reason for cancellation or refusal.

LOSS EXPERIENCE AND EXPOSURE INFORMATION-Current and Previous 3 Years. MUST BE COMPLETED FULLY.

Policy Period		Name of Insurance Company	Number of Vehicles	Premium Paid		Total No. of Losses	Losses Paid and Reserves			
From	To			Liability and Medical	Physical Damage		Liability and Medical	No. of Losses	Physical Damage	No of Losses

REMARKS

_____

_____

_____

_____

Do you hire any drivers under 23?_____ Do you hire any drivers over 65? _____ Is equipment owner driven only?_____
Do you hire any physically impaired drivers? _____
Is a physical examination completed? _____ Is a check made of previous employment?_____
Are drivers paid by the load? _____ Hourly? _____ % of the gross?_____
List all drivers both full and part time. (Attach schedule if more space is Needed)

DRIVER'S NAME	Date Employed	Date of Birth	Drivers License No. / Social Security No.	STATE	No, Years Commercial Experience	LIST ACCIDENTS / CONVICTIONS (3 years)
			DL# / SS#			
			DL# / SS#			
			DL# / SS#			
			DL# / SS#			
			DL# / SS#			
			DL# / SS#			

IMPORTANT NOTICE: ALL **NEW DRIVERS** HIRED DURING THE TERM OF THIS POLICY MUST BE **IMMEDIATELY REPORTED** TO THE COMPANY. FAILURE TO REPORT MAY RESULT IN TERMINATION OF THIS POLICY. REPORT NEW DRIVER TO YOUR AGENT.

	COVERAGES	LIMITS OF INSURANCE	PREMIUM
LIABILITY	Bodily Injury and Property Damage (CSL)	$ each Accident	
	OR		
	Bodily Injury	$ each Person $ each Accident	
	Property Damage	$ each Accident	
	Medical Payments	$ each Person	
	Uninsured and / or Underinsured Motorists Coverage*	$ $ (Indicate Limits and Coverage Applicable)	
	Personal Injury Protection*	$ each Person	
	Property Protection (Michigan Only)		
PHYSICAL DAMAGE			
	Comprehensive	Stated Amount less $ Deductible	
	Specified Causes of Loss	Stated Amount less $ Deductible	
	Collision	Stated Amount less $ Deductible	
MISC.	Cargo	$ each loss less $ Deductible	
	Other		
	TOTAL		

SCHEDULE OF AUTOMOBILES								
Unit No.	Model Year	Trade Name	Serial Number (Full number is required)	Body Type (Truck, Tractor Semi-trailer, etc.)	Principal Garage Location	Radius of Use	Rate Terr.	GVW or Seating Capacity
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

PHYSICAL DAMAGE COVERAGE IF DESIRED							
				Coverage Designed			
Unit No	Original Cost	Date of Purchase	Stated Amount (Current Value)	Comp. Ded	Specified Causes Ded.	Collision Ded.	Loss Payees (Name & Address) (Indicate Applicable Unit)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

THIS APPLICATION MAY NOT BE USED TO BIND COVERAGE AND NO COVERAGE COMMENCES. Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. **COVERAGE WILL COMMENCE** only upon the effective date of a separate contract binding insurance coverage (i.e. a policy or official binder form) issued by an agent authorized by the Company.

The applicant hereby agrees that the foregoing statements and answers are a true representation of all the facts and circumstances with regard to the risk to be insured to the best of the applicant's knowledge and the same are therefore made the basis of any policy of insurance issued.

If the laws or regulations of any governmental regulatory body in which the undersigned applicant intends to operate requires a special endorsement or rider to be attached to the policy, the applicant hereby agrees as an inducement to Cencal for the issuance of the policy, that if CenCal shall be obliged to pay any claim which it would not have been required to pay except for said endorsement, the Applicant shall reimburse CenCal for any and all claims disbursements of every kind, including loss payments, costs and expenses which it shall have paid in connection with such claim, pus expenses incurred by CenCal in enforcing the terms of this agreement. The terms of this agreement shall apply not only to the original policy or policies issued in connection with this application, but also to any renewals or extensions thereof. **READ ABOVE CONDITIONS CAREFULLY!**

WITNESS _____ DATE _____ APPLICANT'S SIGNATURE _____ DATE _____

AGENT'S OR BROKER'S NAME AND ADDRESS _____

***NOTICE REGARDING PIP AND UM COVERAGES**

If required by law in your state, you must complete an additional form(s) rejecting coverage or selecting limits of liability desired for Uninsured / Underinsured Motorists and Personal Injury Protection coverage. Selecting coverage will increase your premium. Be sure your agent provides you with the necessary form(s) explains you options and advises you of the cost of your selection.

Producer Contact Information:

Agency: _____

Sender: _____

_____

Phone: _____

Fax: _____

e-mail: _____