**Date:**

**KBK USED HEAVY TRUCK DEALER & REPAIR APPLICATION**

|  |
| --- |
| **APPLICANT INFORMATION** |
| Legal Name of Company      | Effective Date of Coverage      |
| Mailing Address      | City:      | State:      | Zip Code:      |
| [ ]  Individual[ ]  Partnership | [ ]  Corporation[ ]  Joint Venture | [ ]  LLC[ ]  Other (describe) | Years in Business      |
| **Inspection**Contact:       | Phone:       | Federal ID#      |
| **LOCATION INFORMATION** |
| # | *Street, City, County, State, Zip Code* | *Use of Location* |
| 1 |       |       |
| 2 |       |       |
| 3 |       |       |
| 4 |       |       |
| 5 |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **OPERATION** | **# OF EMPLOYEES** | **PAYROLL** | **RECEIPTS** |
| Used Truck Sales |       | $      | $      |
| Used Car Sales |       | $      | $      |
| Salvage/Recycling |       | $      | $      |
| Repair Service |       | $      | $      |
| Tow Truck |       | $      | $      |
| Body Shop |       | $      | $      |
| Service Station |       | $      | $      |
| Tire Sales |       | $      | $      |
| Other (Describe)      |       | $      | $      |

|  |
| --- |
| **FRANCHISE(S)** |
| [ ]  CHEVROLET | [ ]  GMC | [ ]  FORD | [ ]  FREIGHLINER | [ ]  HINO |
| [ ]  INTERNATIONAL | [ ]  ISUZU | [ ]  KENWORTH | [ ]  MACK | [ ] MERCEDES |
| [ ]  MITSUBISHI | [ ]  NISSAN | [ ]  PETERBILT | [ ]  STERLING | [ ]  VOLVO |
| [ ]  WESTERN STAR | [ ]  OTHER:       |

What is the percentage of new and used unit sales?

|  |  |
| --- | --- |
| New Units      % | Used Units      % |

What percentage of unit types does the Applicant sell?

|  |  |  |  |
| --- | --- | --- | --- |
| Tractor Trailers      % | P.U.s/ 4WDs      % | Motor Homes/RVs      % |  |
| Mobile Homes      % | PP Autos      % | Campers/Travel Trailers      % |  |
| Equipment      % | Other      % (Explain)       |

Where does the Applicant purchase the vehicles that are for sale?

|  |  |  |
| --- | --- | --- |
| New Car Dealers      % | Auctions      % | Consignments      % |
| Wholesale      % | Trade Ins      % | Others      % |

How are trucks transported from purchase point to your lot?

|  |  |
| --- | --- |
| [ ]  Pulled by a tow bar | [ ]  Subcontract with an insured transport service |
| [ ]  Driven by a full-time employee | [ ]  Driven by a temporary part time employee |
| [ ]  Towed by owned tow trucks or car carriers\* | [ ]  Other (Explain)       |

\* *These owned vehicles must be scheduled.*

If the Applicant transports vehicles to his/her lot, what percentage of vehicles are transported within the following mileage groups for each location?

|  |
| --- |
| **Percent Vehicles Transported** |
| **Under 50 miles** | **50 – 200 miles** | **Over 200 miles** |
|      % |      % |      % |

What percentage of vehicles for sale on your lot fall into the following age groups?

|  |
| --- |
| **Percent Vehicles For Sale** |
| **1-6 years** | **6-10 years** | **10-20 years** | **Over 20 years** |
|      % |      % |      % |      % |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | a.b. | Any vehicles/trucks held on consignment?If so, what % of the inventory?      % | [ ]  Yes [ ]  No |
| 2. | a.b. | Does the insured have any owned autos/trucks that are not held for sale?If yes, please complete the vehicle schedule attached. | [ ]  Yes [ ]  No |
| Vehicles on the Applicant’s lot: |
|

|  |  |  |
| --- | --- | --- |
| **Location** | **Number Of Vehicles On Lot For Sale** | **Value Of All Vehicles On Lot For Sale** |
| **Present** | **Average** | **Maximum** | **Present** | **Average** | **Maximum** |
| Loc. #1 |       |       |       | $      | $      | $      |
| Loc. #2 |       |       |       | $      | $      | $      |
| Loc. #3 |       |       |       | $      | $      | $      |
| Loc. #4 |       |       |       | $      | $      | $      |
| Loc. #5 |       |       |       | $      | $      | $      |

 |
| 3. | a.b.c. | Does dealer have a formal plan for addressing (if yes, attach copy of plan):HurricaneFlood | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Vehicle lot security

|  |
| --- |
| **Stored in Building** |
| **Location** | **Central Alarm** | **Average # of Cars** | **Percent of Vehicles For Sale Stored Inside** |
| Loc. #1 | [ ]  Yes [ ]  No |       |      % |
| Loc. #2 | [ ]  Yes [ ]  No |       |      % |
| Loc. #3 | [ ]  Yes [ ]  No |       |      % |
| Loc. #4 | [ ]  Yes [ ]  No |       |      % |
| Loc. #5 | [ ]  Yes [ ]  No |       |      % |

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| **Stored on Open Lot** |
| **Location** | **Perimeter Enclosure** | **Encl. Height/ Post Spacing** | **Gates Locked at Night** | **Well Lit** | **Alarm** | **Average # of Cars** |
| Loc. #1 | [ ]  Fenced [ ]  Railing [ ]  Posts |        | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |        |
| Loc. #2 | [ ]  Fenced [ ]  Railing [ ]  Posts |        | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |        |
| Loc. #3 | [ ]  Fenced [ ]  Railing [ ]  Posts |        | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |        |
| Loc. #4 | [ ]  Fenced [ ]  Railing [ ]  Posts |        | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |        |
| Loc. #5 | [ ]  Fenced [ ]  Railing [ ]  Posts |        | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |        |

 |
| 4. | a.b.c.d.e. | Does the Applicant have dogs on premises? If yes, number       Breed      Are they trained guard dogs?Are “Beware of Dog” signs posted on gate?Are dogs penned up during business hours?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 5. | a.b. | Do you employ a watchman or security guard?Is the watchman armed? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 6. | a.b. | Do you hire an independent security service?If yes, does the independent security service place dogs on the premises? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 7. | a.b. | Video surveillance?If yes, explain:       | [ ]  Yes [ ]  No |
| 8. | a.b.c.d.e.f. | Where are vehicle keys kept when open for business?      Where are vehicle keys kept when closed for business?      Regular key reconciliation?How often? [ ]  Weekly [ ]  DailyAre they kept in the ignition at any time?If so, explain:       | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 9. | a.b. | How often is inventory taken?      By whom?       |  |
| 10. | a.b.c.d. | Does salesperson accompany customer when test driving a car on every test drive?If not, is the customer’s driver’s license obtained for security? (check for valid CDL license) Are there circumstances in the operation where a or b will not be followed?If yes, please explain:       | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 11. | a.b. | Do you allow any extended test drives for customers?If yes, please explain:       | [ ]  Yes [ ]  No |
| 12. |  | Does dealer allow for test drives with trailer/load? | [ ]  Yes [ ]  No |
| 13. |  | Do you allow customers to test drive vehicles in poor weather conditions? | [ ]  Yes [ ]  No |
| 14. | a.b.c.d.e.f. | Is mechanical work performed?If yes, does the Applicant work on trucks held for sale or consignment?Is the garage open to the public?Do you loan or rent vehicles/trucks to customers while their truck is left with you for repairs?If yes, please explain:      Total number of service bays:       | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 15. | a.b.c. | Are there underground tanks on the premises?Age of tanks:      Date of last inspection:       | [ ]  Yes [ ]  No |
| What type of mechanical work is performed?

|  |  |  |
| --- | --- | --- |
| **OPERATION** | **Location #** |  |
| Install roll bar? |       |  |
| Any fifth wheel or hitch installation? |       |  |  |
| Any truck modifications made or truck bodies installed? |       |  |  |
| Body work? |       | Do you paint? [ ]  Yes [ ]  NoNumber of hours the booth is used daily:       | UL approved spray booth including explosion proof lighting , separate paint mixing room and approved UL storagecabinets? [ ]  Yes [ ]  No |
| How often are the fans/filters inspected and cleaned?       |
| Welding? |       | Do you use welding curtains? [ ]  Yes [ ]  NoAre oxygen and acetylene tanks separated? [ ]  Yes [ ]  NoAre spare cylinders secured to wall or post? [ ]  Yes [ ]  NoWelding done within the last hour of the day? [ ]  Yes [ ]  NoAny welding or cutting of frame rails? [ ]  Yes [ ]  No |
| Tire sales? |       | Percent of new tire sales:      %Percent of used tire sales:      %Percent of re grooved tires:      % | Do you retread tires? [ ]  Yes [ ]  No |
| Other |       | Explain:       |

 |
|  |
| 16. | a.b. | Is smoking allowed in repair shop?Is “No Smoking” sign displayed? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 17. |  | How are oils and other chemicals disposed?      |  |
| 18. | a. | Do you sell trucks in need of repair? | [ ]  Yes [ ]  No |
| 19. | a. | Do you rent, loan or lease vehicles to customers? | [ ]  Yes [ ]  No |
| 20. | a. | Do you sponsor a car for racing? | [ ]  Yes [ ]  No |
| 21. | a.b. | Are vehicles furnished to organizations, churches, clubs, etc.?If yes, please explain:       | [ ]  Yes [ ]  No |
| 22. | a.b. | Is applicant a subsidiary of another entity or does applicant have any subsidiaries?If yes, please explain:       | [ ]  Yes [ ]  No |
| 23. | a.b.c. | How many dealer tags to you have?       Please list plate numbers:      Are dealer plates loaned to others? | [ ]  Yes [ ]  No |
| 24. | a.b. | Are any dealer tags permanently used on a vehicle for business or personal use?If yes, please explain:       | [ ]  Yes [ ]  No |
| 25. |  | Has the area you are located been flooded in the last 10 years?  | [ ]  Yes [ ]  No |
| 26. |  | Are customers allowed in service area? | [ ]  Yes [ ]  No |
| 27. |  | Does dealer provide for overnight stay or lodging for customers? | [ ]  Yes [ ]  No |
| 28. | a.b. | Is the insured involved in any other than truck sales, service or leasing?If yes, please explain:       | [ ]  Yes [ ]  No |
| 29. | a. | Employee hiring practices: Use of applications, drug screening and MVR review prior or hiring? | [ ]  Yes [ ]  No |
| 30. | a.b. | Regular safety meetings?If yes, how often?       | [ ]  Yes [ ]  No |
| 31. | a.b. | Does company have an employee handbook?If yes, do all employees have a copy? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| 32. | ab.c.d.e. | If you own a tow truck, please complete the following section and a vehicle schedule:Do you tow for the public?Are you on a city or police rotation?Do you have contracts to tow for any other businesses?Do you perform any repossession?If yes, please explain:       | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Location 1** | **Location 2** | **Location 3** | **Location 4** | **Location 5** |
| **Number of Class I Employees** | Regular |       |        |       |       |       |
| All Others |       |       |       |       |       |
| **Number of Class II Employees** | Regular |       |       |       |       |       |
| All Others |       |       |       |       |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Insurance Co.** | **Year** | **Premium** | **Limits** | **Deductible** | **# of Losses** | **Amount** |
|       |       | $      | $      | $      |       | $      |
|       |       | $      | $      | $      |       | $      |
|       |       | $      | $      | $      |       | $      |
|       |       | $      | $      | $      |       | $      |

**Attach copy of insurance company loss runs.** |
| 33. | a.b. | Has the Applicant ever been cancelled or non-renewed? (Do not answer if risk is located in MO)If yes, why?       | [ ]  Yes [ ]  No |
| 34. |  | Do you operate as a “Buy Here Pay Here” dealer?If yes, does the title transfer to the buyer at the point of sale?OR does the insured keep the title in his name until the loan is paid off?If yes, do you perform any repo?OR is an outside repo company used? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |

**Vehicles Owned – Not for Sale: Complete attached vehicle schedule.**

|  |
| --- |
| **COVERAGES AND LIMITS DESIRED** |
| **Auto Dealer Liability** | CSL       | (Up to $1,000,000) |
| General Liability/Products Aggregate       | (Aggregate up to 3 times) |
| **Location/Premises Medical Payments** | Limit [ ]  $5,000 |  [ ]  Reject coverage |
| **Auto Medical Payments** | Limit per person | [ ]  $1,000[ ]  $2,000[ ]  $2,500 (RI only)[ ]  $5,000 |
| **Personal Injury Protection** | Each limit       | (As required by state law) |
| **Uninsured Motorists** | CSL       | (As required by state law) |
| **Garagekeepers Legal Liability** | Limit Location 1 |        |
| Limit Location 2 |        |
| Limit Location 3 |        |
| Limit Location 4 |        |
| Limit Location 5 |        |
| Deductible |        |
| **Dealers Open Lot** | Limit Location 1 |        |
| Limit Location 2 |        |
| Limit Location 3 |        |
| Limit Location 4 |        |
| Limit Location 5 |        |
| Deductible |        |
| **False Pretense** | Limit [ ]  $25,000 [ ]  $50,000 |   |
| **Drive Away Collision** | Limit       | Number trips annually 51-200:       |
| Limit       | Number trips annually over 200:       |
| **Drive Other Car Coverage** | Limit       |   |
| Named Individuals       |   |
| **Errors & Omissions (E&O) Coverage: Odometer Mileage, Title, and Truth in Lending/Consumer Leasing Acts.***\*Please note: Insurance Agent or Broker Errors and Omissions is not available with this insurance.* | Aggregate $50,000 ($1,000 deductible) | [ ]  Include Aggregate limit for all three coverages.*\*Insurance Agent or Broker Errors and Omissions will be automatically excluded and a credit applied to the premium when opting for the coverage above.*[ ]  Exclude Odometer Mileage E&O[ ]  Exclude Title E&O[ ]  Exclude Truth in Lending/Consumer Leasing Acts E&O |
| **Broadened Property Coverage***\*Please note: This coverage can be selected only if Commercial Property Coverage exists.* |   | [ ]  Include [ ]  Exclude |

For Property Coverage complete the ACCORD application

|  |
| --- |
| **Fraud Warnings:** |
| **ARKANSAS** “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” |
| **COLORADO** “It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.” |
| **DISTRICT OF COLUMBIA** “WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.” |
| **FLORIDA** “Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.” |
| **KENTUCKY** “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.” |
| **LOUISIANA** “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” |
| **MAINE** “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.” |
| **NEW JERSEY** “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.” |
| **NEW MEXICO** “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.” |
| **OHIO** “Any person who, with intent to defraud or knowing that he 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.” |
| **OKLAHOMA** “WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.” |
| **PENNSYLVANIA** “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to $15,000.” |
| **RHODE ISLAND**“Notwithstanding any similar requirements in title 28, every claim form and application for insurance, regardless of the form of transmission (not applicable to any claim form for health insurance which is on a form promulgated by the centers for Medicare and Medicaid Services, or in electronic format pursuant to 45 C.F.R. Part 162, or to reinsurance)” |
| **TENNESSEE** “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.” |
| **VIRGINIA** “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.” |
| **WEST VIRGINIA** “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” |
| **ALL OTHER STATES** “Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.” |

**NO COVERAGE IS BOUND UNTIL ACCEPTED BY THE COMPANY.**

Date:      Signature of Applicant:

**KBK VEHICLE SCHEDULE**

Insured Name:

Date:

|  |
| --- |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |
| **Vehicle #**       |
| Year      | Make      | Model      | Body Type      | Full Serial Number      | Stated Amount      |
| GVW      | Class Code      | On-Hook Limit      | **Deductibles:** | **Comp**      | **Collision**      | **On-Hook**      |
| Use of vehicle      | Radius of operation      |
| Describe tow/specialty equipment separately (rotator, etc.)      | Garaging Location      |

**KBK DRIVER LIST Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Driver’s Name | DOB | Date of Employment | Status | Commercial Driving Experience | Tow Truck Experience | Company Use Only |
|  | VIOL | ACC | DEL | ADD |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |
| 1.
 |       |       | [ ]  Part-Time [ ]  Full-Time |       |       |       |       |       |       |

Have you identified every possible driver of an insured vehicle including those who may fill in during peak periods and emergencies?

(Such as members of households, friends, etc.)? [ ]  Yes [ ]  No

Are any vehicles furnished to family members? [ ]  Yes [ ]  No

If yet, are they listed above? [ ]  Yes [ ]  No

|  |
| --- |
| Name of Applicant:      , understands and agrees that on any proposed addition or substitution of driver, the MVR must be submitted to the insurance company for approval prior to hire. |
|  | Applicant Signature:       |

ADDITIONAL NOTES: