



BROKERING AGENT'S REGISTER NUMBER #:

(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)

**COMMERCIAL AUTO - VEHICLE DESCRIPTION
SUPPLEMENTAL**

Proposed Effective Date: _____ To _____ Policy Number: _____ NEW RENEWAL

Applicant/Insured:				
DBA:			Producers Name & Address:	
Address:				
City & State:		Zip:		
Inspection Contact:	Phone:	() -		
Accounting Contact:			Agent's 2-20 License #:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Prof Corp.	Years in business: _____

Vehicle Information (Schedule):

Veh. 4	Year:	Make:	Model:	Cost New:
		Body Type:	V.I.N.:	\$ _____
City Where Garaged:		GVW/GCW:	Radius: <input type="checkbox"/> 0-50 <input type="checkbox"/> 51-200	Comprehensive \$ _____ Deductible Collision \$ _____ Deductible
Additional Insured/Lessor: <input type="checkbox"/> Lien holder <input type="checkbox"/> Other (Explain):				
Name:				
Address:				
Veh. 5	Year:	Make:	Model:	Cost New:
		Body Type:	V.I.N.:	\$ _____
City Where Garaged:		GVW/GCW:	Radius: <input type="checkbox"/> 0-50 <input type="checkbox"/> 51-200	Comprehensive \$ _____ Deductible Collision \$ _____ Deductible
Additional Insured/Lessor: <input type="checkbox"/> Lien holder <input type="checkbox"/> Other (Explain):				
Name:				
Address:				
Veh. 6	Year:	Make:	Model:	Cost New:
		Body Type:	V.I.N.:	\$ _____
City Where Garaged:		GVW/GCW:	Radius: <input type="checkbox"/> 0-50 <input type="checkbox"/> 51-200	Comprehensive \$ _____ Deductible Collision \$ _____ Deductible
Additional Insured/Lessor: <input type="checkbox"/> Lien holder <input type="checkbox"/> Other (Explain):				
Name:				
Address:				
Veh. 7	Year:	Make:	Model:	Cost New:
		Body Type:	V.I.N.:	\$ _____
City Where Garaged:		GVW/GCW:	Radius: <input type="checkbox"/> 0-50 <input type="checkbox"/> 51-200	Comprehensive \$ _____ Deductible Collision \$ _____ Deductible
Additional Insured/Lessor: <input type="checkbox"/> Lien holder <input type="checkbox"/> Other (Explain):				
Name:				
Address:				
Veh. 8	Year:	Make:	Model:	Cost New:
		Body Type:	V.I.N.:	\$ _____
City Where Garaged:		GVW/GCW:	Radius: <input type="checkbox"/> 0-50 <input type="checkbox"/> 51-200	Comprehensive \$ _____ Deductible Collision \$ _____ Deductible
Additional Insured/Lessor: <input type="checkbox"/> Lien holder <input type="checkbox"/> Other (Explain):				
Name:				
Address:				

Veh. 9	Year:	Make:	Model:	Cost New: \$ _____
		Body Type:	V.I.N.:	
City Where Garaged:		GVW/GCW:	Radius: [] 0-50 [] 51-200	Comprehensive Deductible Collision Deductible
Additional Insured/Lessor: [] Lien holder [] Other (Explain):				
Name:				
Address:				
Veh. 10	Year:	Make:	Model:	Cost New: \$ _____
		Body Type:	V.I.N.:	
City Where Garaged:		GVW/GCW:	Radius: [] 0-50 [] 51-200	Comprehensive Deductible Collision Deductible
Additional Insured/Lessor: [] Lien holder [] Other (Explain):				
Name:				
Address:				
Veh. 11	Year:	Make:	Model:	Cost New: \$ _____
		Body Type:	V.I.N.:	
City Where Garaged:		GVW/GCW:	Radius: [] 0-50 [] 51-200	Comprehensive Deductible Collision Deductible
Additional Insured/Lessor: [] Lien holder [] Other (Explain):				
Name:				
Address:				
Veh. 12	Year:	Make:	Model:	Cost New: \$ _____
		Body Type:	V.I.N.:	
City Where Garaged:		GVW/GCW:	Radius: [] 0-50 [] 51-200	Comprehensive Deductible Collision Deductible
Additional Insured/Lessor: [] Lien holder [] Other (Explain):				
Name:				
Address:				
Veh. 13	Year:	Make:	Model:	Cost New: \$ _____
		Body Type:	V.I.N.:	
City Where Garaged:		GVW/GCW:	Radius: [] 0-50 [] 51-200	Comprehensive Deductible Collision Deductible
Additional Insured/Lessor: [] Lien holder [] Other (Explain):				
Name:				
Address:				

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

I fully understand that this policy provides no coverage for losses while drivers under 21 years old operate the listed vehicles.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is () Bound Effective 12.01 am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a FELONY of third degree.

I agree and understand that this application will be made part of the policy when issued.
I understand this application is not a binder indicated as such on this form by the Brokering Agent.

Insured's Signature

Agent's Signature

Date