

BUSINESS AUTO FLEET PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-2 MUST be completed
- Current Loss Information 5 Years
- All drivers must have acceptable MVRs
- Complete VIN's on all power units
- Complete and current fleet list

- Brownyard Application Must Be Signed and Submitted by Broker
- Note: All Questions Must Be Answered
- Complete drivers list required at time of binding

Business Type: New Business Renewal Policy Number - Renewal Only: Effective Date:									
Inter	nterested in: Auto (Please attach required forms: ACORD 125, 127, 129 and 137)								
		ary applicant as it should appear on the policy, including	; INC., CORP., LTD., ETC.)						
2.	DBA(s):	eace list additional named insureds on senarate sheet for whom this pr	onosed policy will provide coverage						
3.	☐ Individual ☐ Assoc ☐ Corp ☐ LLC ☐ LLP ☐ Par	tnership 🛘 C-Corp 🗘 S-Corp 🗘 Sole Proprietor 🗖							
	□ Non-Profit □ Other:								
4.	NO. STREET	CITY	STATE ZIP						
5.	NO. STREET	CITY ach a list if multiple locations)	STATE ZIP						
6.	County:	NAICS/SIC Code:							
7.	•	·							
8.	Company Email:								
9.	Federal ID Number/FEIN:		_						
10.	Principal:	Title:							
	Direct Phone:	Mobile:	_						
	Email:		_						
11.	Audit Contact:	Title:							
	Direct Phone:	Mobile:							
	Email:								
12.	A. Has the principal(s) of this firm previously operated a similar firm under a different name? $\ \square$ Yes $\ \square$ No								
	B. If yes, please provide the former name:								
13.	Policy proposed effective date:	Date established:							
14.	How did you hear about us? ☐ Internet Search ☐ Social Media ☐ Ad in which publication:								
	☐ Email ☐ Word of Mouth ☐ Other:								

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	SAFETY MANAGEMENT	
	 15. Written Safety Program that is implemented and enforced at your company? 16. Are safety meetings held? If YES, how often? If YES, how often? 17. Written Driver Training Program? 18. Is there a written vehicle take-home policy? 19. Do you have a drug-testing program in place? 20. If requested, would management implement a program designed to assist with safety management in the first 30 days of the effective date of this insurance? 21. Does the Applicant's organization utilize GPS fleet telematics devices? If YES, please check off the fleet telematics being utilized: Plug in Hard wired Mobile Phone Other: 22. What percentage of the Applicant's fleet is provided with these fleet telematics devices? 	☐ Yes ☐ No
1	MAINTENANCE	
	23. Do you maintain maintenance logs on each vehicle? 24. Do you provide the routine maintenance on your equipment? 25. If you do not perform maintenance who does? 26. Are they Professionally Certified as Mechanics? 27. Are your drivers in any way responsible for the cost of the maintenance of your equipment? 28. Do your drivers perform daily maintenance checks on ALL vehicles?	☐ Yes ☐ No
	DISTRACTED DRIVING MANAGEMENT & PREVENTION	
	 29. Do you have a mobile phone/distracted driving policy? 30. Is use of cell phones & other mobile electronic devices by employees prohibited, including texting, emailing and use of social media while operating a company vehicle? 31. Does your company require employees to park in a safe location before using a communication device when operating a company vehicle? 32. Does your company prohibit the use of blue tooth devices by employees operating a company vehicle? 	Yes No Yes No Yes No Yes No Yes No
ŀ	HIRING MANAGEMENT	
	 33. Do you require employees to sign a distracted driving policy that outlines set consequences for violation of the policy? If YES, please provide a copy with this application. If NO, would your company consider implementing one? 34. Pre-hire Screening? 35. Obtain a Motor Vehicle Record Report (MVR) on each driver prior to hiring? 36. Check ALL prior job references a driver provides prior to hiring? 37. Road test ALL drivers prior to hiring? 38. Order MVR's on ALL company drivers at least on an Annual basis? 39. What driver training do you provide for your employees? 40. Do you require your employees to take outside training courses? 	☐ Yes ☐ No
	If YES, what courses do they take?	
	GENERAL OPERATIONS	
	41. Lease vehicles from other individuals or companies? 42. Lease vehicles to other individuals or companies? 43. Are all vehicles titled under the business name? 44. Have any additional vehicles owned or leased by your company NOT on this schedule? 45. Are employees required to complete incident reports? 46. What percentage of your driving is within: 50 Miles	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	52 Is Lease GAP Insurance required?	☐ Yes ☐ No

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NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD

Applicable in AL, AR, LA, MD, NM, RI and WY: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC: 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.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicablein KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment of other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA: Any person who knowingly and with the 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.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

APPLICANT'S SIGNATURE	TITLE	DATE
BROKER COMPANY	BROKER NAME	WEBSITE
ADDRESS	CITY	STATE ZIP
TELEPHONE	FAX	EMAIL

BROKERS: To submit complete application, please email PDF to <u>info@brownyard.com</u>. INSUREDS: Please save and share with your insurance agent/broker.