

BUSINESS AUTO FLEET PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- Pages 1-4 **MUST** be completed
- Please note: All questions must be answered
- The applications must be signed and submitted by the broker

Include the following with this application:

- Auto ACORDs 125, 127, 129, and 137
- Five years of currently valued Auto loss runs
- The full driver schedule with MVRs
(All drivers must have acceptable MVRs)
- Copy of the insured's Fleet and Safety policies

Business Type: New Business Renewal

Policy Number – Renewal Only:

Effective Date:

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

- Insured Company Name: _____
(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)
- DBA(s): _____
(List any and all names insured's company is Doing Business As [DBA] & please list additional named insureds on separate sheet for whom this proposed policy will provide coverage)
- Individual Assoc Corp LLC LLP Partnership C-Corp S-Corp Sole Proprietor Joint Venture Trust
 Non-Profit Other: _____
- Mailing Address: _____

	NO.	STREET	CITY	STATE	ZIP
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- Physical Address*: _____

	NO.	STREET	CITY	STATE	ZIP
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(*Attach a list if multiple locations)
- County: _____ NAICS/SIC Code: _____
- Business Phone: _____ Fax: _____
- Company Email: _____ Website: _____
- Federal ID Number/FEIN: _____ License Number: _____
- Principal: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
- Fleet/Safety Manager: _____ Title: _____
Direct Phone: _____ Mobile: _____
Email: _____
- A. Has the principal(s) of this firm previously operated a similar firm under a different name? Yes No
B. If yes, please provide the former name: _____
- Policy proposed effective date: _____ Date established: _____
- How did you hear about us? Internet Search Social Media Ad in which publication: _____
 Email Word of Mouth Other: _____

SAFETY MANAGEMENT

15. Is there a written Safety Program that is implemented and enforced at your company? Yes No
If yes, please provide details of Safety Program implemented at your company:

16. Are safety meetings held? Yes No
If YES, how often? _____

17. Please provide details of controls in place to mitigate Auto Losses:

18. Please provide details of what actions are taken if a driver has an accident or moving violation during business operations:

19. Is there a written Driver Training Program in place? Yes No
If yes, please provide details of the Driving Training Program implemented at your company:

20. Is there a written vehicle take-home policy? Yes No

21. Do you have a Drug-Testing Program in place? Yes No
If yes, please provide details of Drug-Testing Program implemented at your company:

22. 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? Yes No

23. Does the Applicant's organization utilize GPS fleet telematics devices? Yes No
If YES, please check off the fleet telematics being utilized:

Plug in Hard wired Mobile Phone Other: _____

24. What percentage of the Applicant's fleet is provided with these fleet telematics devices? _____%

MAINTENANCE

25. Do you maintain maintenance logs on each vehicle? Yes No

26. Do you provide the routine maintenance on your equipment? Yes No

27. If you do not perform maintenance, who does? _____

28. Are they Professionally Certified as Mechanics? Yes No

29. Are your drivers in any way responsible for the cost of the maintenance of your equipment? Yes No

30. Do your drivers perform daily maintenance checks on ALL vehicles? Yes No

DISTRACTED DRIVING MANAGEMENT & PREVENTION

31. Do you have a mobile phone/distracted driving policy? Yes No
 If yes, please provide a copy with this application.
32. 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? Yes No
33. Does your company require employees to park in a safe location before using a communication device when operating a company vehicle? Yes No
34. Does your company prohibit the use of blue tooth devices by employees operating a company vehicle? Yes No
35. Do you require employees to sign a distracted driving policy that outlines set consequences for violation of the policy? Yes No
 If YES, please provide a copy with this application.
 If NO, would your company consider implementing one? Yes No

HIRING MANAGEMENT

36. Do you perform Pre-hire Screening? Yes No
37. Do you obtain a Motor Vehicle Record Report (MVR) on each driver prior to hiring? Yes No
38. Do you check **ALL** prior job references a driver provides prior to hiring? Yes No
39. Do you road test **ALL** drivers prior to hiring? Yes No
40. Do you order MVR's on **ALL** company drivers at least on an **Annual** basis? Yes No
41. What driver training do you provide for your employees?

42. Do you require your employees to take outside training courses? Yes No
 If YES, what courses do they take?

GENERAL OPERATIONS

43. Do you lease vehicles from other individuals or companies? Yes No
44. Do you lease vehicles to other individuals or companies? Yes No
45. Are all vehicles titled under the business name? Yes No
46. Are there any additional vehicles owned or leased by your company NOT on this schedule? Yes No
47. Are employees required to complete incident reports? Yes No
48. What percentage of your driving is within: 50 Miles _____% 51-100 Miles _____%
49. Please provide details of how the vehicles are used in the business operations:

50. Do you operate any dump trucks or trailers? Yes No
51. Do you operate any trucks or trailers which have cranes or booms attached? Yes No
52. Are any vehicles used for snow plowing? Yes No
53. Are any vehicles used for 24-hour patrolling? Yes No
 a. If YES, how many shifts within a 24-hour period? _____
54. Are vehicles used for personal use? Yes No
 If yes, please provide the list of drivers who use vehicles for personal use:

Driver's Name	Annual Miles for Personal Use	Reason for Personal Use

55. Is Lease GAP Insurance required? Yes No

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.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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

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

APPLICATION MUST BE SUBMITTED BY BROKER

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL

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