

Commercial Auto Application



Applicant Information

Named Insured

DBA (if applicable)

Business Address

Mailing Address

Street Address

Street Address

Street Address Line 2

Street Address Line 2

City

City

State

State / Province

Postal / Zip Code

Postal / Zip Code

Phone Number

Email Address

example@example.com

Effective Date

Business Type

Month Day Year

Prior Coverage for past 6 months?

Years in business

\$ Amount

Carrier

BI Limits

Target Premium

Need State Filings?

If yes to State, DPS or GIMC?

Need Federal Filings?

Filings

Describe Business Operations

Radius of Operations

Business Garage Zip Code

Is this vehicle also used for personal use?

YES

NO

Coverages

Additional Driver Endorsement?

Additional Driver Coverage?

Any Auto Coverage?

Non-owned/hired Auto?

Hired Auto Physical Dam?

Roadside Assistance?

PIP (if applicable in state)

Yes/No

BI

PD

Limits of Liability

Uninsured Motorist

Additional Insured/Waiver of Subrogation?

YES
NO

Cargo Coverage?

YES
NO

If Yes to Cargo Coverage, please describe the Cargo:

If Yes to Cargo Coverage, please provide coverage limits or previous policy dec pages for reference:

Medical Payments Limit:

Deductible:

Rental Reimbursement

YES
NO

Rental Reimbursement Limit

Owner Information

First & Last Name

DOB

Driver License #

Insured/Owner Info:

Insured/Owner Home Address:

Is the owner involved in the daily operation of the business?

Street Address

YES
NO

Street Address Line 2

City

State / Province

Postal / Zip Code

Driver & Vehicle Information

	First & Last Name	DOB	Driver License #	Married/Single
Driver 1				
Driver 2				
Driver 3				
Driver 4				
Driver 5				
Driver 6				
Driver 7				
Driver 8				
Driver 9				
Driver 10				

	Year	Make	Model	VIN	Value
Vehicle 1					
Vehicle 2					
Vehicle 3					
Vehicle 4					
Vehicle 5					
Vehicle 6					
Vehicle 7					
Vehicle 8					
Vehicle 9					
Vehicle 10					

Signatures

Any material fact or circumstance concerning this application. The statements and answers given on this application are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application.

Applicant Name

Applicant Title:

First Name

Last Name

**Agent
Signature**

**Insured
Signature**

Date

Date

Month Day Year

Month Day Year

Once fully completed and signed, please do the following:

- **Download this completed document**
- **Email it to your Underwriter at Eastern Underwriting Managers AND include:**
 - **4 years loss runs for non-new ventures**
 - **5 years loss runs for 9 or more vehicles**