Commercial Automobile Section for Electronic Security

Business Name: _____

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

Policy Period: fasdvfav to sdgbgsd

Coverage / Limits:

Liability (Combined Single Limit): ☐ $300,000 ☐ $500,000 CSL ☐ $1,000,000 CSL Other: sfdvsavsaf

Personal Injury Protection: Statutory Limits are Included Deductible: dfvdasvfdas

Medical Payments (Each Person): ☐ $5,000 ☐ $10,000 ☐ $25,000 Other: asfvasf

Uninsured / Underinsured Motorist: ☐ $300,000 ☐ $500,000 CSL ☐ $1,000,000 CSL Other: _____

Hired or Borrowed Liability: States of Operation: _____ Cost of Hire: _____

Non-Owned Liability: States of Operation: _____ Number of Employees: _____

Physical Damage Coverage: Applies only to Scheduled Vehicle shown below Deductible: _____

Policy Year	Insurance Company	Number of Vehicles	Premium

During the past three years have any claims been presented to your present or prior insurer? ☐ Yes ☐ No

If yes, please attach insurance company loss runs for the prior five policy periods shown above.

Has your automobile insurance been canceled, declined or non-renewed in the past three years? ☐ Yes ☐ No

If yes, please explain: _____

Do over 50% of your employees use their autos in the business? ☐ Yes ☐ No

Is there a vehicle maintenance program in use? ☐ Yes ☐ No

Are scheduled vehicles used by family members? ☐ Yes ☐ No

Do you own any vehicle not scheduled on this application? ☐ Yes ☐ No

Do you have a driver training program? ☐ Yes ☐ No

If yes, please explain: _____

Are any of your client's located more than 50 miles from your office? ☐ Yes ☐ No

If yes, what is the longest one-way distance that you will travel to a customer? _____

Are scheduled vehicles used to transport personnel and/or products? ☐ Yes ☐ No

If yes, please explain: _____

Are Motor Vehicles Records of drivers checked before allow access to company vehicles? ☐ Yes ☐ No

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Vehicle Schedule

Year	Make	Model	Vehicle Identification #	Cost New	Garage Location (City & State)	Garage Location (Zip Code)	Use Code * (See Below)

*** Use Codes:**

Executive Officers - 111 **Managers - 222** **Salespersons - 333**
Supervisors - 444 **Alarm Installations - 555** **Alarm Response - 666**

Driver Schedule

Last Name	First Name	Middle Initial	State Licensed	Drivers License Number	Birth Date	Job Function	Assigned Vehicle *

*** Assigned Vehicle - This should be the primary operator of the vehicles listed above. Any occasional or emergency operators should be listed in the driver schedule and indicated as such.**