



Insured by The CIA

COSSIO INSURANCE AGENCY

Business Auto Application

List of each vehicle that you will be using for your business, including:

Vehicle 1:

Year:

Make:

Model:

Body Type:

Vehicle Identification Number:

Curb Weight:

Cost New:

Radius in miles vehicle will be driven:

Vehicle 2:

Year:

Make:

Model:

Body Type:

Vehicle Identification Number:

Curb Weight:

Cost New:

Radius in miles vehicle will be driven:

Vehicle 3:

Year:

Make:

Model:

Body Type:

Vehicle Identification Number:

Curb Weight:

Cost New:

Radius in miles vehicle will be driven:

Vehicle 4:

Year:

Make:

Model:

Body Type:

Vehicle Identification Number:

Curb Weight:

Cost New:

Radius in miles vehicle will be driven:

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For each Driver we will need the following:

Name:
Address:
Sex:
Marital Status:
Date of Birth:
Years Experience Driving:
Year you received license:
Driver's License Number:
Social Security Number:
State License:
% This person will be using vehicle:

Name:
Address:
Sex:
Marital Status:
Date of Birth:
Years Experience Driving:
Year you received license:
Driver's License Number:
Social Security Number:
State License:
% This person will be using vehicle:

Name:
Address:
Sex:
Marital Status:
Date of Birth:
Years Experience Driving:
Year you received license:
Driver's License Number:
Social Security Number:
State License:
% This person will be using vehicle:

Name:
Address:
Sex:
Marital Status:
Date of Birth:
Years Experience Driving:
Year you received license:
Driver's License Number:
Social Security Number:
State License:
% This person will be using vehicle:

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General Information Questions, answer yes or no:

- 1) With the exception of encumbrances, are any vehicles not solely owned by and registered to the applicant?
- 2) Do over 50% of the employees use their autos in the business?
- 3) Is there a vehicle maintenance program in operation?
- 4) Are any vehicles leased to others?
- 5) Are any vehicles customized, altered or have special equipment?
- 6) Are ICC, PUC or other filings required?
- 7) Do operations involve transporting hazardous material?
- 8) Any hold harmless agreements?
- 9) Any vehicles used by family members? If so, Identify in remarks.
- 10) Does the applicant obtain MVR verifications?
- 11) Does the applicant have a specific driver recruiting method?
- 12) Are any drivers not covered by workers compensation?
- 13) Any vehicles owned but not scheduled on this application?
- 14) Any drivers with moving traffic violations?
- 15) Has agent inspected vehicles?

Also do you need any additional insured's added to this policy? This would include any one that has a lien on the vehicle you plan on using.

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