

PRIMARY NON-OWNED AUTOMOBILE APPLICATION

This program is not intended for paratransit vehicles or operations

Date: _____

Agency Name and Address:	Policy Number:
	Agency Customer ID:
	Email:
Contact Name:	Phone (Alternate):
Phone:	Fax:
Agency Code:	Sub-Code:

Status of Transaction	Quote	Change	Issue
	Bound	Cancel	Renew
	Effective Date _____		Time _____

Applicant Information

Name: _____ FEIN: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Contact Name: _____ Telephone: _____ Fax: _____ Email: _____

Billing Contact: _____ Telephone: _____ Fax: _____ Email: _____

Claims Contact: _____ Telephone: _____ Fax: _____ Email: _____

Type of Ownership: Sole Proprietorship Partnership LLC Corporation

Organization Tax Status: Profit Non-Profit

Number of Locations: _____

Primary Location:

Street: _____ City: _____ State: _____ Zip Code: _____

Additional Locations:

Street: _____ City: _____ State: _____ Zip Code: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Street: _____ City: _____ State: _____ Zip Code: _____

(For additional locations, attach separate sheet of paper.)

1. Total number of employees and volunteers who drive own vehicles for the insured's business:

Employees: _____ Volunteers: _____

2. Does applicant confirm annually valid:

Vehicle registration YES NO

Driver's license YES NO

State required vehicle inspection (if applicable) YES NO

3. Are employees allowed to drive the clients'/patients' vehicles?

YES NO

4. MVR's qualify for program based on underwriting guidelines (refer to driver eligibility guidelines provided)?

YES NO

5. Are MVR's reviewed on all employee drivers at time of hire?

YES NO

If yes, how often are MVR's reviewed?

6. Are any of the employee drivers under age 21? (or over 70?)

YES NO

7. Are any employee vehicles paratransit vehicles?

YES NO

8. Are minors being transported?

YES NO

9. Do employees receive safety training for working with patients and clients?

YES NO

10. Is a formal accident investigation protocol in place?

YES NO

11. Are medical emergency guidelines in place?

YES NO

12. Are driving employees required to complete a defensive driver training course?

YES NO

13. Is a formal written safety and inspection program in place for vehicles not owned by the applicant?

Check all that apply:

a. On-site inspection: At time of hire Daily Weekly Other: _____

b. Employee self-inspection checklist: Daily Weekly Other: _____

14. Does applicant provide employee with vehicle inspection checklist?

YES NO

15. Do you run abuse and other criminal background checks on all drivers?

YES NO

_____ COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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 FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

Fundamental Underwriters is a division of AF Group and its subsidiaries. Insurance policies may be issued by any of the following companies within AF Group: Accident Fund Insurance Company of America, Accident Fund National Insurance Company, Accident Fund General Insurance Company, United Wisconsin Insurance Company, Third Coast Insurance Company or CompWest Insurance Company.

WE HAVE RELIED ON INFORMATION YOU HAVE PROVIDED TO US ON THE APPLICATION AND OTHER MATERIALS SUBMITTED TO PROVIDE THIS QUOTE. WILLFUL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT OR CIRCUMSTANCE SHALL BE GROUNDS TO RESCIND THE INSURANCE POLICY.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (PRINT)	STATE PRODUCER LICENSE NO.
APPLICANT'S SIGNATURE	APPLICANT'S (PRINT)	STATE PRODUCER LICENSE NO.

UNINSURED MOTORIST COVERAGE

IOWA

Uninsured Motorist Coverage	Underinsured Motorist Coverage
<input type="checkbox"/> 40,000 each accident combined single limit <div style="text-align: center;">OR</div> <input type="checkbox"/> Reject Coverage	<input type="checkbox"/> 40,000 each accident combined single limit <div style="text-align: center;">OR</div> <input type="checkbox"/> Reject Coverage

Unless rejected, the Uninsured Motorists Coverage AND Underinsured Motorists Coverage contained in your policy will be afforded at \$40,000 combined single limit for each accident (statutory minimum).

You may either elect both Uninsured Motorist AND Underinsured Motorists Coverage OR reject both.