

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:

	Quote	Change		Issue
Status of	Bound	Cancel		Renew
Transaction	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 P	roprietorship	ership 🛛 🗆 LL	C 🗆 Corp	oration
Organization Tax Status: DP	rofit 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,)



Type of Business:

□ Home Health Care Services

Home health care agencies, visiting nurse associations, home infusion therapy services, in-home hospice care services

□ Services for the Elderly and Persons with Disabilities

Provides services for the welfare of these individuals in such areas as day care, non-medical home care or homemaker services, social activities, group support and companionship

□ Other Individual and Family Services

Nonresidential individual and family social assistance services (except those specifically directed toward children, the elderly, persons diagnosed with intellectual and developmental disabilities or persons with disabilities)

□ Vocational Rehabilitation Services

Provides vocational rehabilitation or habilitation services, such as job counseling, job training and work experience, to unemployed and underemployed persons, persons with disabilities and persons who have a job market disadvantage because of lack of education, job skill or experience

Establishments primarily engaged in providing training and employment to persons with disabilities. Vocational rehabilitation job training facilities (except schools) and sheltered workshops (i.e., work experience centers) are included in this industry

□ Other:_____

 Total reimbursable miles per location, as reported to I.R.S. for employee mileage reimbursement in previous tax year:

 Location 1______ Location 2_____ Location 3_____ Location 4_____

 Average Length of Trip:

Location #2 ____ miles Location #3 ____ miles Location #4 ____ miles

Location #1 _____ miles

Coverage and Limits

Limits of Liability:	
\$300,000 Combined Single Limit	\$500,000 Combined Single Limit
Medical Payments: \$ 5,000 included	
Collision Coverage Including Collision with A	nimal 🗆 YES 🛛 NO
	nal auto policy contains physical damage coverage at the time of a work-
related accident)	
\$50,000 ACV Per Vehicle Maximum \$1,500 Deductible	
For IA, AR, IL, IN, LA, & VT only:	
Underinsured/Uninsured Motorist Coverage If selected, state minimum required limits apply. S	□ YES □ NO (If no, a signed rejection form will be required.) See page 5 for limit options



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
 NO
 Vehicle registration
 YES
 NO

State required vehicle inspection (if applicable)
VES NO

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

 \Box YES \Box NO

- 4. MVR's qualify for program based on underwriting guidelines (refer to driver eligibility guidelines provided)?
- 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?
 - \Box YES \Box 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 v	ehicles not owned by the applicant?
Check all that apply:		
a. On-site inspection: \Box At time of hire	Daily Weekly	□ Other:
b. Employee self-inspection checklist:	Daily Weekly	□ Other:

14. Does applicant provide employee with vehicle inspection checklist?

10

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
40,000 each accident combined single limit	40,000 each accident combined single limit
OR	OR
Reject Coverage	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.