

EMPLOYEE AUTO COVERAGE 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	<input type="checkbox"/> Quote	<input type="checkbox"/> Change	<input type="checkbox"/> Issue
	<input type="checkbox"/> Bound	<input type="checkbox"/> Cancel	<input type="checkbox"/> 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.)

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

Non-residential 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.

☐ Insurance Carrier

This U.S. industry comprises establishments primarily engaged in initially underwriting (e.g., assuming the risk, assigning premiums) insurance policies (except life, disability income, accidental death and dismemberment, health and medical, property and casualty and title insurance policies).

☐ ACC & Health Carrier

This U.S. industry comprises establishments primarily engaged in initially underwriting (i.e., assuming the risk and assigning premiums) health and medical insurance policies. Group hospitalization plans and HMO establishments (except those providing health care services) that provide health and medical insurance policies without providing health care services are included in this industry.

☐ Life Carrier

This U.S. industry comprises establishments primarily engaged in initially underwriting (i.e., assuming the risk and assigning premiums) annuities and life insurance policies, disability income insurance policies and accidental death and dismemberment insurance policies.

☐ P&C Carrier

This U.S. industry comprises establishments primarily engaged in initially underwriting (i.e., assuming the risk and assigning premiums) insurance policies that protect policyholders against losses that may occur as a result of property damage or liability.

☐ Insurance Agency and Broker

This industry comprises establishments primarily engaged in acting as agents (i.e., brokers) in selling annuities and insurance policies.

☐ Claim Adjuster

This industry comprises establishments primarily engaged in investigating, appraising and settling insurance claims.

☐ All other Insurance-Related Activities

This U.S. industry comprises establishments primarily engaged in providing insurance services on a contract or fee basis (except insurance agencies and brokerages, claims adjusting and third-party administration). Insurance advisory services and insurance ratemaking services are included in this industry.

☐ Other: _____

Total reimbursable miles per location, as reported to IRS for employee mileage reimbursement in previous tax year: *(if more than four locations, list on separate sheet of paper)*

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

Average Length of Trip:

Location #1 _____ miles Location #2 _____ miles Location #3 _____ miles Location #4 _____ 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 Animal ☐ YES ☐ NO

\$50,000 ACV Per Vehicle Maximum

\$500 Deductible

(Coverage will apply only if driver's personal auto policy contains physical damage coverage at the time of a work-related accident)

Underinsured/Uninsured Motorist Coverage- (available for selection in **AZ, IA, IL, IN, and LA** only)

☐ YES ☐ NO

Signed selection/rejection forms required as mandated per state. State minimum Combined Single Limits mandatory offer limits are available for selection. See page 6 for limit options.

Personal Injury Protection- available for **PA** and **TX** only

PA: \$5,000 per insured **included**

TX: \$2,500 per insured – select: ☐ YES ☐ NO (If no, a signed rejection form is required)

If selected, state minimum required limits apply.

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 ☐ N/A

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

☐ YES ☐ NO

4. MVRs qualify for program based on driver eligibility guidelines provided? If you have established acceptable driver criteria, please provide with this application.

☐ YES ☐ NO

5. Are MVRs reviewed on all employee drivers at time of hire?

☐ YES ☐ NO

If yes, how often are MVRs reviewed? ☐ semi-annually ☐ annually ☐ other _____

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 NAME (PRINT)	DATE

UNINSURED / UNDERINSURED MOTORIST COVERAGE

ARIZONA

Uninsured Motorist Coverage	Underinsured Motorist Coverage
<input type="checkbox"/> Employee Auto Coverage policy limit <input type="checkbox"/> Other limit: specify: _____ <input type="checkbox"/> Reject coverage	<input type="checkbox"/> Employee Auto Coverage policy limit <input type="checkbox"/> Other limit: specify: _____ <input type="checkbox"/> Reject coverage

ILLINOIS

Uninsured/ Underinsured Motorist Coverage
<input type="checkbox"/> Employee Auto Coverage policy limit <input type="checkbox"/> Other limit: specify: _____ (Subject to minimum required \$50,000 CSL) <i>Note: If \$50,000 CSL is selected, Underinsured Motorist Coverage will not be provided.</i>

INDIANA

Uninsured Motorist Coverage
<input type="checkbox"/> Employee Auto Coverage policy limit <input type="checkbox"/> Reject UM BI coverage
Underinsured Motorist Coverage
<input type="checkbox"/> Employee Auto Coverage policy limit <input type="checkbox"/> Reject UIM BI coverage

IOWA

Uninsured/Underinsured Motorist Coverage
<input type="checkbox"/> \$40,000 each accident combined single limit <input type="checkbox"/> Reject coverage

LOUISIANA

Uninsured Motorist Coverage
<input type="checkbox"/> Employee Auto Coverage policy limit <input type="checkbox"/> Other limit: specify \$ _____ <input type="checkbox"/> Reject coverage