



FaithGuard Quote

This form cannot be used to issue a policy.

1111 Ashworth Road, West Des Moines, Iowa 50265-3544

ATTN: COMMERCIAL LINES QUOTE DESK

Please e-mail this application to commercialquotedesk@guideone.com

Quote Needed By

Agent Information

Name:
Agent No.:
Phone:
Fax:
E-Mail Address:

COMMON POLICY INFORMATION

Named Insured Information

- 1. Indicate all existing GuideOne Insurance policy numbers for this Named Insured:
2. First Named Insured and other Named Insureds:
3. Mailing Address: Street City State ZIP
4. FEIN
5. Average Weekly Attendance:
6. Number of Employees:
7. Specific Denomination:
8. Insured is: Individual Corporation Partnership Unincorporated Association Joint Venture
9. Insured is a for-profit organization.
10. Operation: Church Office Headquarters Day Care School Camp Other
11. The insured has had coverage declined or nonrenewed within the last three (3) years. N/A in MO.
12. Pay Mode: Monthly* Quarterly Annual

Three-Year Loss History

| Date of Loss | Policy Type | Description of Loss | Amount Paid |
|--------------|-------------|---------------------|-------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Prior Carrier Information

| Name of Carrier | Renewal Date | No. of Years | Policy Type | Annual Premium |
|-----------------|--------------|--------------|-------------|----------------|
| | | | | |
| | | | | |
| | | | | |

If no prior carrier, please explain: _____

Commercial Property Coverage Part

1. \$1,000 Deductible unless indicated otherwise \$ _____ Blanket Coverage Limit \$ _____
 90% 100% Blanket
 100%

2. 90% Coinsurance unless indicated otherwise

3. Cause of Loss Basic Form Broad Form Special Form
 Including Theft Excluding Theft

4. Number of Mortgagees: _____

5. Business Income with Extra Expense: Limit \$ _____ Coinsurance _____

6. Glass Coverage

- All glass including stained glass.
- Glass Limitation Form (Applicable to Broad and Special forms only)
 - Option 1: All building glass except limited coverage on stained glass at locations: _____
 - Option 2: Limitation of \$250/pane, \$1,000/occurrence on all glass.

7. Key Person Replacement Expenses:* \$25,000

8. Limited Flood Coverage:* \$10,000 (Coverage restricted in Zones A and V)

If the Limited Flood option is selected, coverage will be added on an amendment to the policy effective 30 calendar days from the policy effective date. **Note:** Coverage is not available if the insured is currently experiencing flooding or is in immediate peril of flooding.

* Not available in Florida

COMMERCIAL PROPERTY COVERAGE PART BUILDING SCHEDULE

| Premise Address | City | State | ZIP |
|-----------------|------|-------|-----|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |
| 4. _____ | | | |
| 5. _____ | | | |
| 6. _____ | | | |
| 7. _____ | | | |
| 8. _____ | | | |

| Buildings and Personal Property | | | | |
|---|--|--|--|--|
| Values: <input type="checkbox"/> 90% <input type="checkbox"/> 100% | Risk No. Premises No. Building No. | Risk No. Premises No. Building No. | Risk No. Premises No. Building No. | Risk No. Premises No. Building No. |
| Building | \$ | \$ | \$ | \$ |
| Personal Property | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Replacement Cost | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop |
| <input type="checkbox"/> Actual Cash Value | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. |
| <input type="checkbox"/> Inflation Protection | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. |
| <input type="checkbox"/> Agreed Value | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. |
| Green Upgrade Coverage* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Construction | | | | |
| Year of Construction | | | | |
| Number of Stories | | | | |
| Occupancy | | | | |
| Protection Class County | | | | |
| Miles to Fire Dept. | | | | |
| Feet to Hydrant | | | | |
| Name of Fire Dept. Inside | | | | |
| City Limits Electrical | | | | |
| System | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse w/fustats <input type="checkbox"/> Fuse w/o fustats | <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse w/fustats <input type="checkbox"/> Fuse w/o fustats | <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse w/fustats <input type="checkbox"/> Fuse w/o fustats | <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse w/fustats <input type="checkbox"/> Fuse w/o fustats |
| Type of Roof | | | | |
| Age of Roof (in years) | | | | |
| Grounded Lightning Protection (Steeple/Bell Tower?) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surge Suppression Equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Known structural concerns with any building? If "yes," submit detailed explanation. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Buildings and Personal Property | | | | |
|---|--|--|--|--|
| Values: <input type="checkbox"/> 90% <input type="checkbox"/> 100% | Risk No. Premises No. Building No. | Risk No. Premises No. Building No. | Risk No. Premises No. Building No. | Risk No. Premises No. Building No. |
| Building | \$ | \$ | \$ | \$ |
| Personal Property | \$ | \$ | \$ | \$ |
| <input type="checkbox"/> Replacement Cost | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop |
| <input type="checkbox"/> Actual Cash Value | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. |
| <input type="checkbox"/> Inflation Protection | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. |
| <input type="checkbox"/> Agreed Value | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. | <input type="checkbox"/> Bldg. <input type="checkbox"/> Pers. Prop. |
| Green Upgrade Coverage* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Construction | | | | |
| Year of Construction | | | | |
| Number of Stories | | | | |
| Occupancy | | | | |
| Protection Class County | | | | |
| Miles to Fire Dept. | | | | |
| Feet to Hydrant | | | | |
| Name of Fire Dept. Inside | | | | |
| City Limits Electrical System | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse w/fustats <input type="checkbox"/> Fuse w/o fustats | <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse w/fustats <input type="checkbox"/> Fuse w/o fustats | <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse w/fustats <input type="checkbox"/> Fuse w/o fustats | <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuse w/fustats <input type="checkbox"/> Fuse w/o fustats |
| Type of Roof | | | | |
| Age of Roof (in years) | | | | |
| Grounded Lightning Protection (Steeple/Bell Tower)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Surge Suppression Equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Known structural concerns with the building? If "yes," submit detailed explanation. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Inland Marine Coverage Part | | | |
|--|----|--|-------|
| \$250 Ded. unless indicated otherwise | \$ | Maintenance Equipment Coverage | \$ |
| Commercial Articles Coverage | | Ministers' Business Property Coverage | \$ |
| Musical Instruments | \$ | <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value | |
| Photographic Equipment | \$ | Neon & Electric Sign Coverage | \$ |
| Fine Arts | \$ | Scheduled Property Endorsement | \$ |
| <input type="checkbox"/> Blanket Coverage for Fine Arts | \$ | <input type="checkbox"/> Special Form <input type="checkbox"/> Named Perils | |
| <input type="checkbox"/> Breakage Coverage for Fine Arts | \$ | Other | _____ |
| Data Processing Equipment Coverage | \$ | | |

* Not available in Florida

| Commercial Crime Coverage Part | | | | | |
|---|--|----|-------|--|-------|
| 1. Church Theft | -- \$250 Deductible unless indicated otherwise | | | \$ | _____ |
| | Money and Securities only | \$ | _____ | Blanket Including Money and Securities | \$ |
| | Specific | \$ | _____ | Blanket Excluding Money and Securities | \$ |
| 2. Church Fidelity Bond Coverage | | \$ | _____ | (\$10,000 maximum – no deductible) | |
| 3. Bond Coverage | Employee Dishonesty Blanket (Form A) | | \$ | Deductible | \$ |
| | Volunteer's Coverage - # of Volunteers | | | | |
| | Forgery and Alteration (Form B) | | \$ | Deductible | \$ |
| 4. Crime Coverage | Theft, Disappearance and Destruction (Form C) | | | Deductible | \$ |
| | Inside | \$ | | Outside | \$ |
| | Other | \$ | | | |

| Liability Coverage Part | | | | | |
|--------------------------------|--------------------------|---|--------------------------|-------------|-----------------------------|
| Limits of Insurance | | Occurrence Limit / Aggregate Limit | | | |
| | <input type="checkbox"/> | \$300,000 | <input type="checkbox"/> | \$600,000 | or <input type="checkbox"/> |
| | <input type="checkbox"/> | \$500,000 | <input type="checkbox"/> | \$1,000,000 | or <input type="checkbox"/> |
| | <input type="checkbox"/> | \$1,000,000 | <input type="checkbox"/> | \$2,000,000 | or <input type="checkbox"/> |
| | <input type="checkbox"/> | \$1,000,000 | <input type="checkbox"/> | \$4,000,000 | or <input type="checkbox"/> |
| Medical Expense Limit: | <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> | \$2,500 | <input type="checkbox"/> |
| | <input type="checkbox"/> | \$5,000 | <input type="checkbox"/> | \$10,000 | <input type="checkbox"/> |
| Lost Wages: | <input type="checkbox"/> | \$2,500 | <input type="checkbox"/> | \$5,000 | |

| Schedule of Exposure | Rating Basis | Prem. Bldg. | Prem. Bldg. | Prem. Bldg. | Prem. Bldg. |
|----------------------|---------------|-------------|-------------|-------------|-------------|
| Buildings | Area | | | | |
| Residence | Per Unit | | | | |
| Day Nursery | # of children | | | | |
| School | # of students | K-8 | | 9-12 | |

| Schedule of Exposure | Rating Basis | Prem. Bldg. | Prem. Bldg. | Prem. Bldg. | Prem. Bldg. |
|----------------------|---------------|-------------|-------------|-------------|-------------|
| Buildings | Area | | | | |
| Residence | Per Unit | | | | |
| Day Nursery | # of children | | | | |
| School | # of students | K-8 | | 9-12 | |

| | | |
|---------------------------------|--------------------|--|
| School Business Administrators: | School Principals: | |
| Full-time | Full-time | |
| Part-time | Part-time | |

| Optional Coverages | |
|--|--|
| <input type="checkbox"/> | Day Nursery Medical |
| <input type="checkbox"/> | School Medical |
| <input type="checkbox"/> | Interscholastic Athletics – Number of athletes _____ |
| <input type="checkbox"/> | Non-Owned and Hired Automobile Liability |
| <input type="checkbox"/> | Religious Expression Coverage |
| <input type="checkbox"/> | Corporal Punishment * -- # of teachers: _____ # of Administrators: _____ |
| SEND CORPORAL PUNISHMENT GUIDELINES. Coverage is subject to review and approval of Insured's procedures. | |
| * Not Applicable to Day Nursery. | |

Optional Coverages (Continued)

- Directors and Officers Liability Coverage Occurrence
 Claims-made: Asset Size _____ Retro Date _____

Note: Claims-made coverage is non-binding subject to completion of the D&O section of the D&O/ELL Supplemental Application.

Retro Date: _____ (mm/dd/yyyy) +++

- Does the applicant currently carry claims-made Directors and Officers Liability Coverage and is now requesting occurrence? If checked, Retro Coverage will be added for the initial policy term.

- Directors and Officers including Educators Legal Liability. Retro Date: _____ (mm/dd/yyyy) +++

NOTE: Claims-made coverage is non-binding subject to completion of the D&O/ELL Supplemental Application.

- Employment Practices Liability (occurrence/Aggregate)

\$100,000 \$200,000 \$250,000 \$300,000 \$500,000 \$750,000 \$1,000,000

Retention \$0 unless otherwise indicated: \$5,000 \$10,000

Retro Date: _____ (mm/dd/yyyy) +++

Are there any interruptions of claims-made coverage from the proposed retroactive date? Yes No. If "yes," submit written details including the dates of such interruptions.

NOTE: Coverage greater than \$500,000 or 25 employees is non-binding subject to approval of the EPL Supplemental Application.

- Employee Benefits Liability Coverage

- Sexual Misconduct Liability Coverage: Occurrence Claims-made Retro Date: _____ (mm/dd/yyyy) +++

Occurrence/Aggregate Limit:

| <u>Occurrence Limit</u> | <u>Aggregate Limit</u> |
|--------------------------------------|------------------------|
| <input type="checkbox"/> \$ 25,000 | \$ 50,000 |
| <input type="checkbox"/> \$ 50,000 | \$100,000 |
| <input type="checkbox"/> \$100,000 | \$300,000 |
| <input type="checkbox"/> \$250,000 | \$500,000 |
| <input type="checkbox"/> \$500,000 | \$1,000,000* |
| <input type="checkbox"/> \$1,000,000 | \$3,000,000* |

Are there any interruptions of claims-made coverage from the proposed retroactive date? Yes No If "yes," submit written details including the dates of such interruptions.

* This coverage is non-binding.

- Counselors Liability Coverage:

Total Number of Counselors _____

Number of Licensed Counselors: _____

Number of Non-Licensed Counselors: _____

Number of Fee Based Counselors: _____

NOTES:

- The Counselors Liability Supplemental Application must be submitted for quote or issue.
- If a Counselor has both a license and charges a fee, please include within the fee based counseling only. Licensed Ministers do not need to be included if they do not charge a fee, unless coverage is written on General Form.

- Lessors risk – # of square feet _____

- Vacant Land – # of acres _____

- Additional insured # _____

- Swimming pool # _____

- Do you own a cemetery/columbarium? Yes No

If yes, is the cemetery/columbarium located adjacent an owned location? Yes No

If the cemetery/columbarium is not adjacent to an owned location, please provide:

Cemetery/Columbarium Address: _____

Number of Acres: _____

+++Note: Retro dates on claims-made coverage options will match the policy effective date unless a retro date is listed on the application. Retro dates over three years old should be referred to the underwriter for approval.

| Workers Compensation | | |
|--|---------|--|
| # of Employees | Exp Mod | Code No. |
| | | Premium Basis |
| | | Estimated Total Annual Remuneration |
| Church: Professional Employees & Clerical – includes clergy, assistants, organist, and choir members | | 8868 or 8840 |
| Church: All other Employees | | 9101 |
| Child Day Care: Professional Employees and Clerical | | 8869 |
| Child Day Care: All other employees | | 9059 |
| School: Professional Employees | | 8868 |
| School: All other employees | | 9101 |
| Other: _____ | | |
| Employer's Liability Limit: <input type="checkbox"/> \$100,000/\$500,000/\$100,000 <input type="checkbox"/> \$500,000/\$500,000/\$500,000 <input type="checkbox"/> \$1,000,000/\$1,000,000/\$1,000,000 | | |
| 1. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.) | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Any work performed on barges, vessels, docks, bridge over water? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Any tax liens or bankruptcy within the last five (5) years? (if "yes", please specify) | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Any prior coverage declined/cancelled/non-renewed in last three years? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Umbrella | |
|---|--|
| Limits of Liability: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 | |
| Total # of Vehicles _____ | Private Passenger _____ Buses/Vans - 9-20 passengers _____ |
| Buses/Vans - All others _____ | Trucks/Tractors _____ |
| <input type="checkbox"/> Business Auto Policy with another carrier. Limit: \$ _____ | |
| Additional Umbrella Coverages: | |
| <input type="checkbox"/> Directors and Officers Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-made | |
| <input type="checkbox"/> Directors and Officers including Educators Legal Liability | |
| <input type="checkbox"/> Counselors Liability | |
| <input type="checkbox"/> Employer's Liability with another carrier Limit: \$ _____ | |
| <input type="checkbox"/> Uninsured Motorist (only available in FL, LA, NH, VT, WV) | |
| <input type="checkbox"/> Underinsured Motorist (only available in FL, LA, NH, VT, WV) | |

| Business Auto | |
|--|------------------------|
| County _____ | Type of Business _____ |
| Garage Location – If different from above or P.O. Box, list vehicle # and address in Comments Section. | |

| Coverages | | | | | | | | | |
|---|---------------------------------|---|---|---|---|---|---|---|---|
| Coverage | Covered Symbol | | | | | | | | |
| Liability Insurance | | \$ CSL | | | | | | | |
| Personal Injury Protection | | \$ Ded \$ | | | | | | | |
| Medical Payments | | \$ | | | | | | | |
| Uninsured Motorist | | \$ | | | | | | | |
| Uninsured Motorist PD | | \$ | | | | | | | |
| Underinsured Motorist | | \$ | | | | | | | |
| Comprehensive | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Collision | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Towing (Priv. Passenger Vehicles Only) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rental Reimbursement (Private Passenger Vehicles only) | | \$_____ per day; \$_____ days | | | | | | | |
| Other | | \$ | | | | | | | |
| Hired /Borrowed Automobile Liability | <input type="checkbox"/> if any | | | | | | | Cost of Hire | \$ |
| Employer's Non-Ownership Liability | <input type="checkbox"/> if any | | | | | | | No. of Employees | |
| <input type="checkbox"/> Hired Auto Physical Damage Limited to \$40,000 Limit with \$500 deductible comp. and collision | | | | | | | | | |
| Covered Auto Symbols | | | | | | | | | |
| (1) Any Auto (Liability Only) | | | (4) Owned Autos Other than Private Passenger | | | (7) Autos Specified On Schedule | | | |
| (2) All Owned Autos | | | (5) All Owned Autos which require No-Fault | | | (8) Hired Autos | | | |
| (3) Owned Private Passenger Autos | | | (6) Owned Autos Subject to Compulsory U.M. Law | | | (9) Non-Owned Autos | | | |

| Vehicle Description/Use/Rating Information | | | | | | | |
|--|------|--------------------------|-------|------------|----------|---------------|--------------|
| Veh. # | Year | Make, Model, & Body Type | VIN # | Reg. State | Cost New | Radius of Use | Seating Cap. |
| 1 | | | | | \$ | | |
| 2 | | | | | \$ | | |
| 3 | | | | | \$ | | |
| 4 | | | | | \$ | | |
| 5 | | | | | \$ | | |
| 6 | | | | | \$ | | |
| 7 | | | | | \$ | | |
| 8 | | | | | \$ | | |

| Veh # | Territory | GVW | Class Code | Description of Use |
|-------|-----------|-----|------------|--------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

| General Information | | |
|--|--|--|
| Please explain all "Yes" responses for 1 to 12 in Comments section | | Yes/No |
| 1. | Any insurance cancelled or declined in past 3 years? N/A in MO, DC | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Do the employees use their autos in the business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Is there a vehicle maintenance program in operation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Are there any vehicles leased or loaned to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Are any vehicles customized, altered or have special equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Are ICC, PUC, or other filings required? If California, give CA filing number. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Are any vehicles used to carry the mentally or physically handicapped? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Are any vehicles used on a farm or ranch? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Did any vehicle operate outside the specified radius during the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Do any vehicles have any attached cherry pickers, dump box, pumps, welders, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | Do any vehicles carry explosives, flammables, or other type material? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | Have you inspected the vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. | Does the applicant obtain MVR verifications? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. | Does the applicant have a specific driver recruiting method? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Are drivers covered by Workers' Compensation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. | All vehicles solely owned and registered to applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. | What is the total number of vehicles owned by the applicant? | |
| 19. | When was the vehicle last serviced? | |

