



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

<b>Buildings and Personal Property</b>				
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

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

\* Not available in Florida

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

<b>Liability Coverage Part</b>					
<b>Limits of Insurance</b>		<b>Occurrence Limit / Aggregate Limit</b>			
	<input type="checkbox"/>	\$300,000	<input type="checkbox"/>	\$600,000	or
	<input type="checkbox"/>	\$500,000	<input type="checkbox"/>	\$1,000,000	or
	<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>	\$2,000,000	or
	<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>	\$4,000,000	or
	<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>	\$5,000,000	
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	

<b>Optional Coverages</b>	
<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.

<b>Workers Compensation</b>		
# of Employees	Exp Mod	<b>Premium Basis</b>
		Code No. 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:     \$100,000/\$500,000/\$100,000  
     \$500,000/\$500,000/\$500,000  
     \$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.)  Yes  No
2. Any work performed on barges, vessels, docks, bridge over water?  Yes  No
3. Any tax liens or bankruptcy within the last five (5) years? (if "yes", please specify)  Yes  No
4. Any prior coverage declined/cancelled/non-renewed in last three years?  Yes  No

<b>Umbrella</b>	
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)	

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

<b>Coverages</b>									
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									
<b>Covered Auto Symbols</b>									
(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?	

