

**AUTO LIABILITY APPLICATION  
*This application may be attached to and become a part of the policy.***

**I. GENERAL INFORMATION**

1. Name of entity to be insured:
2. Physical address: \_\_\_\_\_\_\_\_
3. Mailing address (if different):
4. Contact Person: Title: \_\_\_\_\_\_
   * 1. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_
     2. E mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have a risk manager?  **FULL TIME PART TIME  NONE**
   1. If part time, how many hours per week? \_\_\_ \_\_\_\_\_\_\_\_
   2. If yes, please provide name and phone#: \_\_\_\_\_\_
6. You operate as a:  
   ­ **MUNICIPALITY COUNTY  SPECIAL PURPOSE DISTRICT INTERGOVERNMENTAL POOL**

**PUBLIC SCHOOL DISTRICT  Other** a. If “other”, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When was your entity organized or incorporated? \_\_\_\_\_\_
2. What is the current annual operating budget for the insured? \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Complete the following table for licensed vehicles by type:

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Type | # of Units | Vehicle Type | # of Units |
| Private Passenger – Non Emergency |  | Fire Dept. Private Passenger |  |
| Vans, Pickup Trucks, Light Trucks |  | Fire Dept. All Other |  |
| Medium Trucks |  | Police Private Passenger |  |
| Heavy Trucks |  | Police Motorcycles |  |
| Extra Heavy Trucks |  | Police All Other |  |
| Transit Buses |  | Ambulances |  |
| School Buses |  | Other |  |
| **Total** |  |  |  |

***Attachment: Please attach the current vehicle schedule.***

**II. INSURANCE INFORMATION**

1. Please provide the following information for coverage currently in force. Please indicate where coverage is not in force.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Policy Type | Carrier | Expiration Date | Limits | Deductible/SIR | Premium |
| Automobile Liability |  |  |  |  |  |
| General Liability |  |  |  |  |  |
| Employment Practices Liability |  |  |  |  |  |
| Public Officials Liability |  |  |  |  |  |
| Law Enforcement Liability |  |  |  |  |  |
| Excess/Umbrella Liability |  |  |  |  |  |
| Package if applicable |  |  |  |  |  |

1. Other Coverages:
   1. UM/UIM Limits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. PIP Limits: \_\_\_\_\_\_\_\_ \_
   2. Med Pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d. Garagekeepers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Has your Auto Liability coverage ever been denied, canceled or non-renewed? **YES NO**a. If yes, please explain:

4. Please list coverage desired for the upcoming policy period, if different from expiring:

a. Limits of Liability \_\_\_\_\_\_\_\_\_\_\_\_\_

b. Self-Insured Retention

5. Does your entity have written hiring and training procedures in place? **YES NO**

6. Does your entity have a written maintenance program in place? **YES NO**

7. How often are vehicles inspected? **Daily  Weekly  Monthly  Quarterly**

8. Does your entity have a formal written accident reporting procedure? **YES NO**

9. Are employees allowed to use company vehicles for personal/non-business use?

10. Are all owned or leased vehicles covered under this program? **YES NO**

1. Hired and Non-Owned Coverage desired? **YES NO**

11. Does your entity provide any type of transportation service? **YES NO**

a. If YES, indicate type:

Elderly Transportation  Transit System  Para Transit Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. SCHOOLS**

1. Number of Bus Drivers: \_\_\_\_\_ Number of Contracted Bus Drivers: \_\_\_\_\_
2. Does your entity have the following?
   1. A contract in place for owning and maintaining buses? **YES NO**
   2. Bus Drivers in compliance with State and DOT requirements? **YES NO**
   3. Pre-trip and Post-trip inspections of buses with records maintained? **YES NO**
   4. Fleet Maintenance Program in place? **YES NO**
   5. Bus Replacement Program in place? **YES NO**
   6. Initial and Annual Motor Vehicles Record check on all drivers? **YES NO**
   7. Accident Investigation procedures in place? **YES NO**

**IV. LOSS HISTORY**

1. Does any official or employee have any knowledge of any fact, circumstance or situation which might reasonably be expected to give rise to a claim that is not included in the loss information provided? **YES NO**
2. If yes, please attach a narrative summary with details.

For all claims that are valued at $50,000 or greater please provide a narrative including the following:

Claimant name and Date of Loss

Comprehensive Incident description

Liability Investigation

Legal handling or Status

Action Plan for Open Claims/ Resolution of Closed claims

***Attachment: Please provide a currently valued copy of your Auto Liability Loss Runs for the past five years. All losses should be shown before the application of any retention or deductible (ground up).***

**V. Claims Administration (Any Claims Administrator must be approved prior to binding coverage).**

1. Firm Name \_\_\_\_\_\_\_\_\_\_
2. Address \_\_\_\_\_\_\_\_\_\_
3. Contact Person and Number \_\_\_\_\_\_\_\_\_\_
4. Email Address \_\_\_\_\_ \_\_\_\_

**VI. WARRANTY AND ATTESTATION**

* ***Alabama:*** *Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison or any combination thereof.*
* ***Arkansas****: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*
* ***Colorado****: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.*
* ***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 addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.*
* ***Florida****: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.*
* ***Hawaii****: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.*
* ***Kentucky****: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.*
* ***Louisiana****: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*
* ***Maine****: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.*
* ***Maryland****: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.*
* ***New Jersey****: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.*
* ***New Mexico****: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.*
* ***New York****: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.*
* ***Ohio****: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.*
* ***Oklahoma: WARNING:*** *Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.*
* ***Oregon:*** *Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that: the misinformation is material to the content of the policy; we relied upon the misinformation; and, the information was either material to the risk assumed by us or provided fraudulently. For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.*
* ***Pennsylvania****: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.*
* ***Rhode Island****: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*
* ***Tennessee****: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.*
* ***Virginia****: 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, or denial of insurance benefits.*
* ***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, or denial of insurance benefits.*
* ***West Virginia****: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.[WV ST §33-41]*

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this Application, and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the insurer.

The undersigned acknowledges and agrees that the applicant’s submission and Insurer’s receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does review of the Application bind the insurance company to issue a policy. ***The applicant does hereby agree that this policy, if issued, is issued in reliance upon the truth of this application, including all requested attachments, which may be incorporated into and made a part of this policy.***

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**Applicant’s Authorized Signature Title Date**