



# Commercial Auto Application

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Agent ID#: \_\_\_\_\_ Branch ID#: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Contact: (Name) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Entity:  Corporation:  LLC:  Partnership:  Non-Profit:  Other: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TAX ID: \_\_\_\_\_ DOT#: \_\_\_\_\_ MC#: \_\_\_\_\_

Description of Operation: \_\_\_\_\_

Filings Required: (Y  or N  ) if Yes: Which type ie: State, ICC, MC etc. \_\_\_\_\_

Currently Insured: (Y  or N  ) Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Limits of Liability Desired:  50/100/50  100CSL  300 CSL  500 CSL  750 CSL  1M CSL

UM Desired: (Y  or N  ) Medical Payments: (Y  or N  ) if yes limits  5000  10,000  25,000

Local or National Radius: \_\_\_\_\_ Garaging Zip: \_\_\_\_\_

Any Losses: (Y  or N  ) if Yes: Enter the Claims information below in detail:

Policy Date	Company Name	Premium Amount	Policy #	# of Claims	Total Paid Out

\*MVR (Motor Vehicle Report) & Loss Runs are needed for all drives\*

## VEHICLE

Yr	Make/Model	Description	VIN	GVW	Ded	Value

## DRIVERS

#	Name	DOB	SSN#	DL#/State	Violations

Is cargo coverage required? (Y  or N  ) If yes what type of commodities \_\_\_\_\_ and value/limited are required. 100 CSL  300 CSL  500 CSL  750 CSL  1M CSL

Note: If more vehicles or driver information is need please attach documentation.