

COMMERCIAL
VEHICLE EXPERTS

PHYSICAL DAMAGE ONLY INSURANCE APPLICATION

Attention

Tel (800) 345-7810
Fax (800) 775-7223

ABI Business Ins. Svc Inc., 32107 W. Lindero Cyn #126 Westlake Village, CA 91361

APPLICANT INFORMATION

BUSINESS NAME	<input type="checkbox"/> dba <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership		
OWNERS NAME	<input checked="" type="checkbox"/> I OWN THIS BUSINESS NAME	<input type="checkbox"/> I DO NOT OWN THIS NAME.	
Address	City	State	Zip
Work phone	Cell	FAX	
REQUESTED POLICY EFFECTIVE DATE	<input type="text"/>	ANNUAL POLICY	Years in Business <input type="text"/>

ALL AUTOS MUST BE LISTED AND INSURED

If collision coverage desired put \$ Value

Cab#	Year	Make / Model	Identification Number	\$ Value	Drivers Name	License #	DOB
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
TOTAL INSURED VALUES				\$	-		

Yes <input checked="" type="checkbox"/> Do you have a vehicle maintenance program.	Yes <input checked="" type="checkbox"/> Are Driving Records obtained prior to hiring?	Yes <input type="checkbox"/> Drivers Covered by W/C
<input checked="" type="checkbox"/> Are all vehicles inspected? By whom: <u>City PD</u>	<input type="checkbox"/> Any Drivers under 25 or over 70?	

COVERAGES

ACTUAL COVERAGES MAY DIFFER FROM THIS APPLICATION

Check if Desired	Limits of Liability	TERRITORY of
<input type="checkbox"/> Collision & Specified Perils	Deductible	
<input type="checkbox"/> Collision & Comprehensive		

REQUIRED INFORMATION

PREMIUM AND LOSS HISTORY AFFIDAVIT

Policy Year	2005	2004	2003	2002
Prior Insurance Company				
Policy Number				
# of Vehicles				
Annual Premium				
Total CLAIMS Amount (\$)				
<input checked="" type="checkbox"/> Loss Runs Attached				

CERTIFICATE OF INSURANCE REQUEST

Cancellation Provisions 10 DAYS 30 DAYS CERTIFICATE OF INSURANCE ADDITIONAL INSURED LOSS PAYEE

NAME _____ ADDRESS _____ CITY, ST, ZIP _____
 NAME _____ ADDRESS _____ CITY, ST, ZIP _____

Coverage is Not Bound by signing this application, please see insurance binder.

The undersigned declared that to the best of their knowledge the premiums and loss history above are true. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals for the purpose of misleading information, commits fraudulent act, which is a crime and jeopardizes coverage's for occurrences that may otherwise be covered.

Applicants Signature **X**

Agent Signature