

BROKER INFORMATION

Agency: _____
 Phone: _____ Fax: _____
 Are you the incumbent agency? Yes No

Date: _____

Producer's Name: _____
 E-Mail Address: _____
 If yes, how long has your agency written this applicant? _____

APPLICANT INFORMATION

Applicant's Name: _____
 Insured DBA: _____
 Year Established: _____
 Mailing Address: _____
 City _____ State _____ Zip _____

Business Type: _____
 Federal ID #: _____

Primary Garaging Location: _____
(if different from mailing address): "Attach schedule of locations if more than one"

Phone: _____ Fax: _____ Company Website: _____

Person Completing Survey (Name): _____ Title: _____

Subsidiaries/Affiliated Companies
 Name: _____ Relationship: _____

Type of Business: _____ Included in Insurance? Yes No

FILING INFORMATION

Any Filings Required? Yes No State: _____ Type: _____

REQUESTED COVERAGES:

Effective Date: _____

Requested Quote Date: _____

AUTO COVERAGE	Limits Requested	Deductible
Auto Liability		
Uninsured/Underinsured Motorist		
Medical Payments		
Personal Injury Protection (PIP)		

Physical Damage Coverage (W/loss Occurrence Limit)	Deductible
Specified Perils	
Comprehensive	
Collision	

Total Insured Values: _____

Note: A Physical Damage Limitation Endorsement may apply if TIV is over \$1 million.

Physical Insurance Coverage	Amount	Start/End Date	Endorsements	Rate/Per	Other Info
Insurance Carrier / Broker					
Limits & Deductibles					
Auto Liability Premium					
Physical Damage Premium					
Number of Units					
SIR/TPA					

* Mileage/Gross Receipts, SIR's, and captives also may be available dependent on risk characteristics.

RISK SPECIFICS

Hours of Service per Driver: _____ Days of Service per Driver: _____

Radius of Operation: 0-50 Miles: _____ 51-200 Miles: _____ 200+ Miles: _____

If doing Demand Response, Airport, or Limo work, please also indicate the following as a percentage of total mileage:

On call/dispatch _____ VS. Scheduled Service _____
Door to Door _____ VS. Curb to Curb _____

MANDATORY UNDERWRITING QUESTIONS

During the past 4 years, has your insurance ever been obtained through an Assigned Risk Plan?

Yes No

If Yes, Please Explain: _____

Has any company provided notice of cancellation/non-renewal or otherwise canceled/refused to renew your insurance, including during the current term? (If yes, please attach a copy of the cancellation/non-renewal notice.)

Yes No

If Yes, Please Explain: _____

Do you provide Worker's Compensation for all employees?

Yes No

If Yes, provide Worker's Comp carrier: _____

If No, Provide Explanation: _____

Have you ever filed for or contemplated filing for bankruptcy or had bankruptcy proceedings initiated against you by another party?

Yes No

If Yes, Please Explain: _____

Has your operating authority ever been suspended or revoked or have you received notice of intent to suspend?

Yes No

If Yes, Please Explain: _____

Is all equipment operated under the applicant's authority scheduled on the applicant's driver and vehicle schedule?

Yes No

If No, Please Explain: _____

IN ADDITION TO THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- * Currently valued (within last 3 months), company issued loss runs for the current policy year and 4 prior years.
- * Current driver's list and motor vehicle records for ALL drivers. Include dates of birth, dates of hire, years experience and license numbers.
- * Current Vehicle list, including year, make, complete VIN, stretch length (limo), seating capacity, vehicle type, stated amount and deductible requested.
- * Current financials for accounts with 50+ units: Income statement and balance sheet
- * Copy of cancellation or non-renewal notice issued in the current or 4 prior years.
- * Applicable written agreements for all hired, leased or assumed liability arrangements.
- * Provide explanation as to independent contractor status of drivers, if applicable.

ANTI-FRAUD APPLICATION SIGNATURE PAGE

As evidenced by my signature below, I understand that any application(s) for Insurance submitted to CNA/E&S Motor Transport Specialists on behalf of:

_____ policy number: _____, (Is/srs) subject to the following:
Any person who knowingly and with intent to defraud any Insurance company 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.

Applicant

Agent

Title

Date

Date

ANTFRDSG2008