MONOLINE BUSINESS AUTO · NEW BUSINESS

Business Auto Supplemental Application

Send the completed, signed application to **submissions@encoreMGA.com**. Provide a detailed description of each claim exceeding $25k.

INCLUDE	ACORD FORMS	LOSS RUNS
Signed application	**125 · 127 · 137**	**5 years, currently valued**

01 Policy

Effective date | Date quote needed | Expiring premium | ☐ Check if midterm

Do you control the auto line? ○ Yes ○ No

Are all lines packaged with the same carrier? ○ Yes ○ No

Is the incumbent offering a renewal? ○ Yes ○ No

If yes, what renewal was offered?

If no, why not?

02 Applicant information

Name of applicant / DBA

Garaging address | Mailing address

Describe your business operations

FEIN # | Years in business | MC # | DOT #

Do you require any federal or state filings? ○ Yes ○ No

If yes, list filings

Do any of your vehicles require placards? ○ Yes ○ No

If yes, explain

Radius of operation 0–50 mi ____ % 51–200 mi ____ % 201–500 mi ____ %

List all states you operate in

03 Affiliates & subsidiaries

	BUSINESS NAME	ADDRESS	RELATIONSHIP	INTEREST
1				
2				

04 Fleet schedule

POLICY TERM	POWER UNITS INSURED
Proposed	
Current	
1st prior	
2nd prior	
3rd prior	

CURRENT-YEAR FLEET BREAKDOWN	HOW MANY?
PPTs	
Light trucks	
Medium trucks	
Heavy trucks	
X-heavy trucks	
Heavy tractors	
X-heavy tractors	

05 Fleet operations

1 Are vehicles used in the scope of the business at least 75% of the time? ○ Yes ○ No

2 Do you have any tank trucks or tank trailers over 3,000-gallon capacity? ○ Yes ○ No

3 Is Symbol 1 required by contract? ○ Yes ○ No

If not, can we quote Symbols 7, 8 and 9? ○ Yes ○ No

4 Do vehicles have specialized equipment attached (cranes, booms, etc.)? ○ Yes ○ No

If yes, explain

Does the ACORD represent the stated amount for those vehicles? ○ Yes ○ No

5 What is the hired & non-owned exposure?
Subcontractors, 1099s, volunteers, employees using their own vehicles for business, etc.

6 Is trailer interchange needed? ○ Yes ○ No

Limit	Deductible	# Units	Max value	# Days	Average value

7 Annual rental receipts (hired auto cost)

a. Average length of rental

b. Number of rentals per year

8 Do any of the following apply? Check all that apply and explain below.

☐ Hauling for hire ☐ Hauling of hazardous materials ☐ Utilize owner/operators
☐ Livery ☐ Rent vehicles to others

Explain

06 Safety & maintenance

DRIVER SELECTION PROCEDURES INCLUDE

Written application	○ Yes	○ No	Written test	○ Yes	○ No
MVR check	○ Yes	○ No	Physical before hire	○ Yes	○ No
Interview	○ Yes	○ No	Reference checks	○ Yes	○ No
Drug test	○ Yes	○ No	Driving test	○ Yes	○ No

If drug tests are given, how often?

Is the above documentation in each driver's file and kept up to date? ○ Yes ○ No

1	Is there a safety program in place?	○ Yes ○ No
	If yes, is it a formal written plan?	○ Yes ○ No
2	How often are safety meetings held?	
3	Do you have a safety award program?	○ Yes ○ No
	If yes, describe	
4	Is there a safety director/manager?	○ Yes ○ No
	If yes, years with firm	
5	Do you have any telematics in place?	○ Yes ○ No
	If yes, which system?	
6	Is there a vehicle maintenance program?	○ Yes ○ No
	If yes, is it a formal written plan?	○ Yes ○ No
7	Is there a maintenance manager?	○ Yes ○ No
	If yes, years with firm	
8	Are maintenance records kept on each vehicle?	○ Yes ○ No
9	Are there pre-trip and post-trip inspections?	○ Yes ○ No
10	Is there an MVR verification program?	○ Yes ○ No
11	What is the driver turnover rate?	
	Are there part-time drivers?	○ Yes ○ No
12	Any drivers under 22 or over 70 years of age? **If yes, complete page 4.**	○ Yes ○ No
13	For vehicles over 26K lbs. GVW, do drivers have at least 2 years of CDL experience?	○ Yes ○ No
	And 3 years for tractor-trailers?	○ Yes ○ No
14	Do employees take vehicles home?	○ Yes ○ No
15	Do you have a personal use policy in place?	○ Yes ○ No
16	Are family members allowed to drive company vehicles?	○ Yes ○ No
17	Is there a cell phone policy in place?	○ Yes ○ No
18	Do you have a policy regarding passengers?	○ Yes ○ No
19	Are any passengers non-employees?	○ Yes ○ No
20	Do you have a catastrophic loss mitigation and vehicle evacuation plan in the event of a storm or imminent threat to the insured vehicles?	○ Yes ○ No

07 Signatures

> By signing this application, I affirm all the information is accurate and agree that any change to the above will be communicated to my agent or to the company immediately.

Applicant name	Title	Applicant signature	Date

Agency name	Producer name	Producer signature	Date

08 Driver supplement

Required for **each driver under the age of 22 or over the age of 70**. Duplicate this page if you need more space.

DRIVER 1

Driver name

Hire status ◯ Full time ◯ Part time ◯ Seasonal

Date of birth | Driver's license # | License state | Years driving | How often do they drive?

Type(s) of vehicle to be driven | Describe driving duties

Vehicles over 26,000 lbs. GVW? ◯ Yes ◯ No | Years CDL licensed | If CDL, prior company worked for

DRIVER 2

Driver name

Hire status ◯ Full time ◯ Part time ◯ Seasonal

Date of birth | Driver's license # | License state | Years driving | How often do they drive?

Type(s) of vehicle to be driven | Describe driving duties

Vehicles over 26,000 lbs. GVW? ◯ Yes ◯ No | Years CDL licensed | If CDL, prior company worked for

DRIVER 3

Driver name

Hire status ◯ Full time ◯ Part time ◯ Seasonal

Date of birth | Driver's license # | License state | Years driving | How often do they drive?

Type(s) of vehicle to be driven | Describe driving duties

Vehicles over 26,000 lbs. GVW? ◯ Yes ◯ No | Years CDL licensed | If CDL, prior company worked for

DRIVER 4

Driver name

Hire status ◯ Full time ◯ Part time ◯ Seasonal

Date of birth | Driver's license # | License state | Years driving | How often do they drive?

Type(s) of vehicle to be driven | Describe driving duties

Vehicles over 26,000 lbs. GVW? ◯ Yes ◯ No | Years CDL licensed | If CDL, prior company worked for

DRIVER 5

Driver name

Hire status ◯ Full time ◯ Part time ◯ Seasonal

Date of birth | Driver's license # | License state | Years driving | How often do they drive?

Type(s) of vehicle to be driven | Describe driving duties

Vehicles over 26,000 lbs. GVW? ◯ Yes ◯ No | Years CDL licensed | If CDL, prior company worked for