APPLICATION FOR BUSINESS AUTO POLICY

SUBMIT TO:
J. L. von Arx & Associates
Insurance Services
CA Lic# 0702245 800-986-6179 Fax 562-436-3255

GENERAL INFORMATION

1. Name of applicant _____ ☐ Individual ☐ Partnership ☐ Corporation
2. Mailing address _____
   Street Address City County State Zip
3. Applicant's business _____ Years in business _____
4. Principal garaging location _____ Phone Number ( )
5. Proposed effective date _____ Proposed expiration date _____
6. Is employer's Non-Ownership and Hired Car Coverage being applied for? ☐ Yes ☐ No
   If yes, what is number of employees using autos in insured's business? _____ What is the annual cost of hired cars? $ _____
7. Does the applicant require any filings or certificates with the DMV? ☐ Yes ☐ No
   If yes, describe _____
8. Is the applicant the registered owner of the vehicle(s) to be insured? ☐ Yes ☐ No
   If no, explain _____

PRIOR CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS

From		To		Company Name	Policy No.	Liability Losses		Physical Damage Losses	
Mo	Yr	Mo	Yr			Number	Amount	Number	Amount

Has insurance been cancelled or refused by any company in last 3 years? ☐ Yes ☐ No Explain _____

DRIVER INFORMATION

#	DRIVER'S FULL NAME	Date of Birth	Driver's License Info. State	Driver's License Info. License No.	No. Yrs. Comm'l Driving	No. Yrs. Empl. By Applicant	No. of Accidents Last 3 Yrs.	No. of Minor Violations Last 3 Yrs.	No. of Major Violations Last 3 Yrs.
1									
2									
3									
4									
5									
6									
7									
8									

ADDITIONAL INFORMATION

1. Does applicant employ drivers under age 25? ☐ Yes ☐ No
2. Are driving records checked and ordered on new drivers at or prior to employment? ☐ Yes ☐ No

Thank you for considering Sutter Insurance Company as your insurance carrier. As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

The below signed applicant understands that no insurance is bound hereunder and agrees that no insurance shall be effective until this application is approved by the company or its authorized representative. He further declares that the facts stated herein to be true and requests the company to issue the insurance policy and any renewals thereof in reliance hereon.

The below signed applicant also understands that any physical damage insurance being applied for will not apply when a covered auto is in the custody of or is being operated by any person under 25 years of age, unless such person is named as a driver in this application or is added by endorsement to the policy.

The below signed applicant understands that the insurance being applied for does not provide coverage for "Bodily Injury" or "Property Damage" arising out of the maintenance, use or operation of any vehicle with a manufacturer's rated gross vehicle weight over 20,000 pounds. This may be different from a CVRA rating with the Department of Motor Vehicles.

Depending on size and use, the California Department of Motor Vehicles requires that certain commercial autos carry limits of liability up to $750,000. The applicant hereby acknowledges that he is aware of such requirements and represents that the limits being applied for on this application are in compliance with Department of Motor Vehicles Regulations.

Applicant's Signature X _____ **Date** _____

DESCRIPTION OF VEHICLES

#	YEAR	MAKE	BODY TYPE	V.I.N.	MANUFACTURER'S RATED GROSS VEHICLE WEIGHT	CURRENT VALUE	RADIUS
1							
2							
3							
4							
5							

LOSS PAYEES/ADDITIONAL INSUREDS:

RATING BASIS IS: ☐ COMMERCIAL ☐ RETAIL ☐ SERVICE

Describe any secondary or individual driver surcharges:

COVERAGE	LIMITS			#1	#2	#3	#4	#5	TOTALS
Bodily Injury Property Damage	$ $	Each Person $ Each Acc.	Each Acc.						
Comb. Single Limit	$	Each Acc.							
Medical	$	Each Person							
UM B.I. UM P.D.	$ $	Each Person $ Each Acc.	Each Acc.						
Hired Auto									
Non-Owned Auto									
Spec. Cause of Loss	Less $	Deductible							
Collision	Less $	Deductible							
Comprehensive	Less $	Deductible							

Total Premium All Vehicles $ _____

CIGA Surcharge $ _____

Fully Earned Policy Fee $ 50

TOTAL POLICY PREMIUM $ _____

SUPPLEMENTAL AGREEMENT WAIVING APPLICATION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE COMPLETELY

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Such section also permits the insurer and the applicant to delete such coverage completely or to delete such coverage when a motor vehicle is operated by a natural person or persons designated by name, or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code, but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his heirs, or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover and damages for bodily injury, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

By this supplemental agreement between the named insured and the Sutter Insurance Company and in consideration of omission from the policy of uninsured/underinsured motorist coverage premium charge, the named insured, on behalf of himself and any other person who might otherwise be legally entitled to uninsured/underinsured motorist coverage benefits under the policy, and the Sutter Insurance Company hereby agree to waive application of uninsured/underinsured motorist coverage in the policy and it is understood that no uninsured/underinsured motorist coverage shall apply to any accident, occurrence, or loss during the period of the policy. This agreement made accordingly shall continue to be binding with respect to any continuation, renewal, or replacement of the policy.

Signature of Applicant X _____ **Date** _____

SELECTION OF REDUCED LIMITS OF UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

The California Insurance Code states that you may purchase uninsured/underinsured motorist injury coverage with limits of liability lower than the bodily injury limits afforded. The Sutter Insurance Company offers maximum limits of $30,000 each person and $60,000 each accident for uninsured/underinsured motorist bodily injury coverage.

I understand and acknowledge that uninsured/underinsured motorists coverage has been explained to me, and I select the following limits of liability:

☐ $15,000 each person and $30,000 each accident ☐ $30,000 each person and $60,000 each accident

Signature of Applicant X _____ **Date** _____

Name and Address of Producing Broker

Name _____

Address _____

Signature of Broker X _____ **Date** _____