



# CALIFORNIA COMMERCIAL AUTO INSURANCE APPLICATION

## VICTORY AUTO

**Builders & Tradesmen's Ins. Services, Inc.**

License # 0D10271

6610 Sierra College Blvd., Rocklin, CA 95677

916-772-9200

916-772-9292 Fax

APPLICANT INFORMATION				BROKER INFORMATION	
Individual	Partnership	Corporation	Joint Venture	AGENCY NAME AND ADDRESS	AGENCY CODE
Subchapter "S" Corporation				Not for Profit Organization	
Applicant				TELEPHONE #	
DBA				FAX #	
Street address				Contact Person      Contact email:	
City				State	
Inspection Contact				Zip	
Mailing Address (if different than location)				Telephone #	
POLICY INFORMATION					
SUBMISSION NUMBER:					
POLICY EFFECTIVE DATE:      Time: 12:01 a.m.					
POLICY EXPIRATION DATE:      Time: 12:00 a.m.					

DESCRIPTION OF OPERATIONS
Describe type of work done by applicant – Incl. Description of most recently completed project:
No. Years in Business:

COVERAGE AND LIMITS OF LIABILITY			
Coverages	Options	Selected Limits/options	
<b>COMBINED SINGLE LIMITS</b>			
Bodily Injury and Property Damage Liability	300,000 500,000 750,000 1,000,000		
<b>SPLIT LIABILITY LIMITS</b>			
Bodily Injury Liability	5,000/30,000 25,000/50,000 50,000/100,000 100,000/300,000	250,000/500,000 500,000/1,000,000 1,000,000/1,000,000	
Property Damage Liability	10,000 25,000 50,000 100,000		
Employer's Non-Ownership (Number of Employees)	Same as Policy Liability Limits		
Hired Car (Cost of Hire)	Same as Policy Liability Limits		
Medical Payments	1,000, 2,000, 5,000		
Uninsured/Underinsured Motorist Bodily Injury	15,000/30,000 25,000/50,000 50,000/100,000 100,000/300,000	250,000/500,000 500,000/1,000,000 1,000,000/1,000,000	
Drive Other Car	Same as Policy Liability and MP Limits		

**GENERAL INFORMATION – Explain All YES responses**

	Yes No		Yes No

APPLICANT'S INITIALS **PRIOR INSURANCE**

Please select one:

Less than 12 months continuous coverage      12-23 months continuous coverage      24 or more months of continuous coverage      Prior Insurance (verification required)\*

*\* Attach copy of renewal notification or policy declarations from prior carrier(s) expiring less than 10 days from effective date at binding to qualify for discount*

Auto Liability Insurance Coverage History (past 2 years)	Carrier Name	Policy Number	Policy Term Dates	Total Premium

Applicant Name:

Submission Number:

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DRIVER LIST							
Driver #	First Name	Last Name	Date of Birth	Yrs. Exp.	Driver License #	State Lic.	SR 22 Filling
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

VEHICLE INFORMATION							
Vehicle #	Description	V.I.N.	Garaging Zip	GVW	Current Value	Usage	Radius
1	Year: Make: Model:						
2	Year: Make: Model:						
3	Year Make Model						
4	Year Make Model						
		Veh. #1	Veh. #2	Veh. #3		Veh. #4	
Comprehensive							
Named Perils							
Collision							
Uninsured Motorist Physical Damage							
				Veh. #1	Veh. #2	Veh. #3	Veh. #4
Stereos/Sound Systems (Complete Stereos Section below)		Specified Amount (Ded will be same as vehicle's)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Equipment/Modifications		Specified Amount (Ded will be same as vehicle's)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Reimbursement		\$20 per day, 600 Max		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEREOS/SOUND SYSTEMS or ADDITIONAL EQUIPMENT/MODIFICATIONS		
Vehicle #	Item (List), Make/Model, I.D. # Required	Cash Value
	<input type="checkbox"/> Stereo Description:	
	<input type="checkbox"/> Add. Equip/modification Description:	
	<input type="checkbox"/> Stereo Description:	
	<input type="checkbox"/> Add. Equip/modification Description:	
	<input type="checkbox"/> Stereo Description:	
	<input type="checkbox"/> Add. Equip/modification Description:	

Applicant Name:	Submission Number:	Page 3 of 4
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## CALIFORNIA UNINSURED MOTOR VEHICLE COVERAGE REJECTION/SELECTION

**NOTE:** If Uninsured Motorist Coverage is NOT to be included the Applicant must sign this waiver. If named-insured is age 17 or under, waiver must also be signed by a parent or legal guardian.

Uninsured motorist coverage provides that if you suffer bodily injury or sickness, including death, resulting from an accident with a hit and run driver or a person who does not carry liability insurance, and if he is at fault, you make the claim against your own insurance company for general damages and special damages rather than against the uninsured motorist. You are strongly recommended to purchase this coverage.

### DELETION OF UNINSURED MOTORIST COVERAGE FROM THIS POLICY

The California Insurance Code requires an insurer to provide uninsured motorist coverage in each bodily injury liability 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 Motorist 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 as damages for bodily injury, including any resulting sickness, disease, or death, to him from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code. **CAUTION: Do Not Sign Unless You Have Read And Understand The Above.**

I have read the above, and agree to the deletion of Uninsured Motorist Coverage.

Accepted: Signature of Applicant (Named Inured) \_\_\_\_\_ Date \_\_\_\_\_


## SELECTION OF REDUCED LIMITS OF UNINSURED MOTORIST BODILY INJURY COVERAGE

The California Insurance Codes states that you may purchase Uninsured Motorist Bodily Injury Coverage with limits of liability lower than the Bodily Injury limits afforded. I do hereby certify selection of limits lower than the Bodily Injury limits.

Accepted: Signature of Applicant (Named Insured) \_\_\_\_\_ Date \_\_\_\_\_

## APPLICANT / BROKER SIGNATURES

**Applicant's Signature:** I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of the statements contained herein. I hereby certify that I have read and answered all questions on this application and that all information contained in this application is accurate and complete. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the Company.

Agreed Signature of - Applicant  \_\_\_\_\_ Date: \_\_\_\_\_

**Broker's Signature:** The undersigned hereby declares that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and then signed by the applicant; and that the initials of the applicant contained herewith were made by the applicant. I also certify that all questions on the application have been asked to and answered by the applicant.

Signature of Broker:  \_\_\_\_\_ Broker License No.: \_\_\_\_\_ Date: \_\_\_\_\_

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Applicant Name:

Submission Number:

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LOSS PAYEE	
Vehicle #	Loss Payee - (Financial Institution Only) Name and Address
1	
2	
3	
4	
ADDITIONAL INTEREST/ADDITIONAL INSUREDS	
	Name and Address
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	