

ACORD TM **BUSINESS AUTO SECTION** DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No. Ext) (401) 274-0303	APPLICANT (First Named Insured)				
	PHONE (A/C, No.) 401-273-2560					
THE EGIS GROUP PO BOX 603377 PROVIDENCE RI 02906		EFFECTIVE DATE	EXPIRATION DATE	AGENCY BILL	PAYMENT PLAN	AUDIT
E-Mail:				DIRECT BILL		
CODE:	SUB CODE:	FOR COMPANY USE ONLY				
AGENCY CUSTOMER ID:						

COVERAGES/LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

DRIVER INFORMATION | **ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			8. ANY HOLD HARMLESS AGREEMENTS?		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
4. ARE ANY VEHICLES LEASED TO OTHERS?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
			15. HAS AGENT INSPECTED VEHICLES?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			MAXIMUM DOLLAR VALUE SUBJECT TO LOSS		

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT | **ACORD 45 attached for additional names**

INTEREST	RANK:	NAME & ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				VEHICLE:
<input type="checkbox"/>	LOSS PAYEE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	LIENHOLDER				OTHER:
<input type="checkbox"/>	EMPLOYEE AS LESSOR				
<input type="checkbox"/>	OWNER				
<input type="checkbox"/>	REGISTRANT				
ITEM DESCRIPTION:					

REMARKS

VEHICLE DESCRIPTION

ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE			SYM/AGE	COST NEW			
		MODEL:	V.I.N.:		<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML	/	\$			
CITY, STATE, ZIP, WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L PIP	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
<input type="checkbox"/> UNDER 15 MILES	<input type="checkbox"/> PLEASURE	RETAIL	<input type="checkbox"/> LIAB.	<input type="checkbox"/> MED PAY	<input type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input type="checkbox"/> COMP	<input type="checkbox"/> FG	<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	
<input type="checkbox"/> 15 MILES OR OVER	<input type="checkbox"/> FARM	SERVICE	<input type="checkbox"/> NO-FAULT	<input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL		\$		\$	COLL
MISC DR/CR:										TOTAL PREM \$		

Supplemental Risk Information

FOR:

POLICY NUMBER:

EFFECTIVE DATE:

EXPIRATION DATE:
