



AGENCY CUSTOMER ID: _____

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

AGENCY Metropolitan Insurance Services		CARRIER			NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)			

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													Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?													
VEH #	NAME OF OTHER OWNER				VEH #	NAME OF OTHER OWNER							
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?													
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?													
4. ARE ANY VEHICLES LEASED TO OTHERS?													
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)													
VEH #	DESCRIPTION				COST	VEH #	DESCRIPTION				COST		
					\$						\$		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)													
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?													

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N										
8. ANY HOLD HARMLESS AGREEMENTS?											
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.											
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?											
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?											
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?											
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?											
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">DRV #</th> <th style="width:20%;">DATE (MM/DD/YYYY)</th> <th style="width:30%;">TYPE</th> <th style="width:30%;">PLACE (CITY, STATE)</th> <th style="width:10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
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15. HAS AGENT INSPECTED VEHICLES?											
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											

DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$
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ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> REGISTRANT <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ EVIDENCE: <input type="checkbox"/> CERTIFICATE REFERENCE / LOAN #: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">INTEREST IN ITEM NUMBER</th> </tr> <tr> <th style="width:50%;">VEHICLE:</th> <th style="width:50%;">LOCATION:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	INTEREST IN ITEM NUMBER		VEHICLE:	LOCATION:		
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VEHICLE:	LOCATION:							

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE: MODEL:	BODY TYPE: V.I.N.:	VEHICLE TYPE <input type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM							
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY		STATE	ZIP							
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$					
USE <input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM		<input type="checkbox"/> COMM'L <input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	<input type="checkbox"/> FOR HIRE	CHECK COVERAGES <input type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	<input type="checkbox"/> ADD'L NO-FAULT <input type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> UNDRINS MOTOR <input type="checkbox"/> TOWING & LABOR <input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> F <input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> LSP <input type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	RENT REIMB <input type="checkbox"/> FG <input type="checkbox"/>	DEDUCTIBLES <input type="checkbox"/> AA <input type="checkbox"/> ST AMT	<input type="checkbox"/> ACV <input type="checkbox"/> COMP/OTC <input type="checkbox"/> SPEC C OF L	\$	\$	COLL
DRIVE TO WORK / SCHOOL		<input type="checkbox"/> < 15 MILES <input type="checkbox"/> 15 MILES +		NET VEH DR/CR:		TOTAL PREM: \$								

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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER