Reliable Coverage

Access insurance expertise to manage risk, avoid claims and save money.

Optional coverage lines

- Umbrella
- Bonds
- Property including inland marine
- Crime and fiduciary
- Employment practices liability
- Directors and officers
- ERISA coverage
- Cyber liability



Commercial Automobile Insurance

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- 1. Please attach an excel spreadsheet of your current auto fleet to be covered. The schedule should contain the year, make, model, VIN#, and state of registration. Indicate on the schedule which autos (if any) should carry comprehensive and/or collision coverage. Cost new is needed for physical damage.
- 2. Describe vehicle maintenance program:
- 3. Do you have an accident prevention or safety program? Yes No If Yes, please describe and person managing.

- 4. Describe steps employed in hiring drivers (MVR's, Training):
- 5. Where are vehicles kept at night?

6. Please answer the following questions:

a. Are chemicals kept locked when vehicles are not in use?	Yes	No
b. Are any vehicles not owned by and registered to the Named Insured?	Yes	No
c. Are any vehicles leased to or from others?	Yes	No
d. Are any vehicles customized, altered or have special equipment?	Yes	No
e. Are ICC, PUC, MCS90 or other filings required?	Yes	No
f. Do operations involve transporting hazardous materials?	Yes	No
g. Are any vehicles owned but not scheduled on this application?	Yes	No
h. Are any vehicles equipped with a GPS?	Yes	No
i. If yes, does the GPS have any driver behavior improvement features?	Yes	No
j. Do you allow cell phone use in your vehicles?	Yes	No

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8. What is your policy for reviewing hold harmless/indemnifications?

9. State company policy with respect to personal use of company vehicles:

10. State driver discipline policy for drivers with excessive MVR infractions and accidents:

11. List any drivers with less than 5 years driving experience:

- 12. Drive Other Car Coverage; list your employees that are provided a company vehicle for personal as well as business use. This generally includes executive officers; partners or employees provided a company vehicle who is active in the pest control industry. Note: This endorsement does not extend coverage to vehicles not covered under this policy.
- 13. Current Insurance:

Name of Insurance Company:

Policy Number:

Policy Effective Dates:

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14. Has your insurance been canceled or declined in the last three years?

No

Yes

- 15. Please attach a copy of current policy listed above.
- 16. Please attach a copy of your current loss runs, dating back five years.

NOTICE: Commercial Automobile insurance does not cover your trailers or equipment. Trailers and equipment must be scheduled separately on your Property policy. Liability coverage will extend to trailers being pulled by a covered auto only.

Signature & Title

Date

Please Note: Coverage cannot be bound, canceled or altered via email without verification from a licensed representative of Alliant Insurance Services

I would like to emphasize that the discussion set forth above is only an insurance/risk management perspective and is NOT legal advice. We do not provide legal advice and I highly recommend that you seek the advice of legal counsel in order to become fully apprised of the legal implications related to these issues.

THIS APPLICATION IS FOR THE PURPOSE OF GATHERING INFORMATION. IT DOES NOT BIND COVERAGE. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE BY ALLIANT INSURANCE SERVICES, INC. AND THE INSURANCE COMPANY.



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