



Agent Name: \_\_\_\_\_  
Agent Email: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Agent # \_\_\_\_\_

## Public Auto Application

### General Information Section

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Location Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CDL: ☐ Yes ☐ No

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ LLC  
☐ Nonprofit ☐ Other (Specify): \_\_\_\_\_

DOT #: \_\_\_\_\_ MC #: \_\_\_\_\_

Years Insured Under This Name: \_\_\_\_\_ Years Experience: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Description of Risk/Operations: \_\_\_\_\_

Narrative: (Target premium/How JSA can help you write the account) \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Has the applicant been cancelled or non-renewed in the last three years?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Any lapse in coverage in the past three years?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Any indictments or convictions of fraud, bribery or arson in the last five years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any bankruptcies, tax or credit liens against the applicant in the past five years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Any auto liability losses over \$250,000 in the past 5 years, including any names or authorities that the insured has previously operated under? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do any vehicles have a wheelchair lift or similar equipment?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the applicant cross state lines?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does the applicant haul for hire?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are all vehicles owned, operated or leased to the applicant listed on this application?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Does the insured rent any units on a short term basis? Eg: Enterprise, Penske   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does the insured operate for Uber, Lyft or a similar service?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain all yes answers for questions 1-6: \_\_\_\_\_

What type of registration plates will the vehicles have? ☐ For Hire ☐ Taxi ☐ Private Commercial  
☐ Other \_\_\_\_\_

Radius of Operations: (include farthest states traveled, regular routes, or cities traveled regularly) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coverages and Limits

☐ **Auto Liability**

Limits: \_\_\_\_\_ UM/UIM Limits: \_\_\_\_\_  
Hired Auto: ☐ Yes ☐ No Non-Owned Auto: ☐ Yes ☐ No

☐ **Medical Payments**

Limits: \_\_\_\_\_

☐ **Physical Damage**

Deductible: \_\_\_\_\_  
Cause of Loss: ☐ Comprehensive ☐ Collision ☐ Specified

☐ **General Liability**

Limits: \_\_\_\_\_ Payroll: \_\_\_\_\_ Receipts: \_\_\_\_\_

☐ **Other** \_\_\_\_\_

Power Unit Information

Year	Make	Body Type (Van, Sedan, Bus etc.)	VIN#	Seating Capacity (Incl Driver)	Actual Cash Value	Owned, or Leased	Additional Insured – Lessor?

Driver Information

Driver Name	DOB	State	License #	# of years CDL or passenger carrying experience	Violation/accident history for previous 36 months

CDL experience begins when the full CDL is obtained, not the permit. If MVRs are available please provide them.

**Prior Carrier Information (prior 3 years)**

Policy Period	12 month term with no cancellation?	Insurance Company	Line of Business	Policy Number	Number of Power units / Total Insured Value	# of Claims	Losses Paid Incl Reserves

Line of Business Key: AL – Auto Liability, PD – Auto Physical Damage, MTC – Cargo, GL – General Liability

**Additional Remarks:** (Describe any lapses in coverage, list any contract or certificate requirements, or any other helpful information)

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**Fraud Warning:**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

**Fraud Warning: (TN & VA)**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Applicant's Name & Title (Please Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agent's Phone #: \_\_\_\_\_ Agent's Fax #: \_\_\_\_\_