



Jackson Sumner & Associates
 Excess & Surplus Lines Broker
 www.jsausa.com

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|--------------------|
| 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? |
|------|------|--|------|---|-------------------------|---------------------|------------------------------------|
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Driver Information

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

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 #: _____