



Commercial Auto Insurance Application Form

Business Name: _____

BuySecurityGuardInsurance.com - 26487 Rancho Parkway South, Lake Forest, CA 92630 - (P) 949-421-3524 - (F) 949-297-4911

Policy Period: _____ to _____

Coverage / Limits:

Liability (Combined Single Limit): [] \$300,000 CSL [] \$500,000 CSL [] \$1,000,000 CSL Other: _____

Personal Injury Protection: Statutory Limits are Included Deductible: _____

Medical Payments (Each Person): [] \$5,000 [] \$10,000 [] \$25,000 Other: _____

Uninsured / Underinsured Motorist: [] \$300,000 CSL [] \$500,000 CSL [] \$1,000,000 CSL Other: _____

Hired or Borrowed Liability: States of Operation: _____ Cost of Hire: _____

Non-Owned Liability: States of Operation: _____ Number of Employees: _____

Physical Damage Coverage: Applies only to Scheduled Vehicle shown below Deductible: _____

Table with 4 columns: Policy Year, Insurance Company, Number of Vehicles, Premium

During the past three years have any claims been presented to your present or prior insurer? [] Yes [] No

Has your automobile insurance been canceled, declined or non-renewed in the past three years? [] Yes [] No

Do over 50% of your employees use their autos in the business? [] Yes [] No

Is there a vehicle maintenance program in use? [] Yes [] No

Are scheduled vehicles used by family members? [] Yes [] No

Do you own any vehicle not scheduled on this application? [] Yes [] No

Do you have a driver training program? [] Yes [] No

Are any of your client's located more than 50 miles from your office? [] Yes [] No

Are scheduled vehicles used to transport personnel and/or products? [] Yes [] No

Are Motor Vehicles Records of drivers checked before allow access to company vehicles? [] Yes [] No

