



Together. Shaping the Future.™

Submission Check List:

COMMERCIAL AUTO

Underwriting Information Required

Please complete the following check list and attach/include with your Commercial Auto Submission.

Auto Coverages you are Requesting?

- ☐ Auto Liability
- ☐ Physical Damage
- ☐ Both

Application(s) Attached

- ☐ [Transportation / Excel Application](#)

Note: Must complete all 3 Tab/Sections: General Application / Vehicle Schedule / Driver Schedule

- ☐ [Acord Application](#)
- ☐ [General Liability / Professional Liability Supplemental Application](#)
- ☐ [Livery Supplemental Application](#)

Currently Valued Loss Runs

Number of Years Attached _____

Driver MVR's

- ☐ Attached

Underwriting Questions:

COMMERCIAL AUTO



Please complete the following Underwriting Questions and forward with your Submission.

Average Miles Driven per Vehicle/Fleet in a Policy Year?

Per Vehicle _____

Fleet _____

Current Auto Premium?

Per Unit \$ _____

Policy Premium \$ _____

Target Auto Premium?

Per Unit \$ _____

Policy Premium \$ _____

Number of Vehicles to be quoted?

Total Vehicles _____

Number of Vehicles Insured in Prior Policy Years?

Current _____

Prior Year _____

2nd Prior Year _____

3rd Prior Year _____

4th Prior Year _____

Any Vehicles being Submitted that are more than 10 Years Old?

☐ Yes ☐ No

Number of Drivers being Submitted?

Total Drivers _____

Does your Client have any Driver Training / Loss Control / Safety Programs in-force?

☐ Yes ☐ No

If Risk New in Business, please Attach:

☐ Owners Bio

☐ Owners Resume

If Lapse in Auto Coverage, please Explain?

Are you looking to move this Risk / Mid-Term? If yes, please Explain?

Does your Agency Currently write/control this Risk?

☐ Yes ☐ No