



# Light Business Auto (LBA) Supplemental Application

## General Information

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_ FEIN: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age of Business: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

### Description of Operations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operating as:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

Total Revenue: \_\_\_\_\_ Operating Budget: \_\_\_\_\_

## Qualification

**If the answer to any of the following is "Yes," the risk is unacceptable\***

- I. Are any vehicles above 15,000 lbs. Gross Vehicle Weight (GVW)?  Yes  No
- II. Are any vehicles above 8-passenger seating capacity?  Yes  No
- III. Does the insured have any 24-hour operations?  Yes  No
- IV. Are there any trailers, heavy trucks, or tractors?  Yes  No
- V. Do the insured's operations include commercial construction or sand and gravel?  Yes  No

\*Please reach out to your underwriter if you have any questions about the above guidelines or a particular submission.

### Please attach the following with this completed Supplemental:

- Signed Acord
- List of driver names & DOBs
- List of driver phone numbers
- MVR reports
- Currently valued loss runs
- List of VINs, make & model

## Exposure Details

In order to provide the most accurate quote, we will need the items below:

Total Annual Miles: \_\_\_\_\_

States of Operation: \_\_\_\_\_

City	% of Operations	City	% of Operations

## Vehicles

I. Are ALL company vehicles stored overnight in a central location?  Yes  No

II. Where? \_\_\_\_\_

III. Are any employees allowed to take company vehicles home?  Yes  No

IV. Do any employees use personal vehicles for business operations?  Yes  No

V. Are any vehicles hired or leased?  Yes  No

VI. If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VII. How often are vehicles replaced? Please list criteria for replacement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VIII. Does the insured have any of the following?

Documentation of  
Repairs:  
 Yes  No

Post-Trip  
Inspections:  
 Yes  No

Pre-Trip  
Inspections:  
 Yes  No

Periodic In-Depth  
Inspections:  
 Yes  No

## Drivers

I. Number of

Full time drivers: \_\_\_\_\_ Back-up drivers: \_\_\_\_\_

Part time drivers: \_\_\_\_\_ Contracted drivers: \_\_\_\_\_

II. Average Annual Driver Turnover: \_\_\_\_\_%

III. Does the insured have a driver incentive program?  Yes  No

IV. Please mark driver hiring requirements:

- MVR Reports
- Drug check
- Driving test
- Other:
- Criminal background check
- Minimum age: \_\_\_\_\_
- Minimum years licensed: \_\_\_\_\_

V. How often does the insured order and review MVRs for drivers?

\_\_\_\_\_

VI. What criteria is used for MVR acceptability?

\_\_\_\_\_

\_\_\_\_\_

### Risk Management & Claims Reporting

I. Name and title of the person responsible for risk management & claims reporting:

\_\_\_\_\_

II. Does the insured hold regular safety meetings?  Yes  No

III. How often are they held? \_\_\_\_\_

IV. Is attendance mandatory?  Yes  No

### Premium History

Period Term	Insurance Company	Auto Liability Premium	Physical Damage Premium
Current Year			
1 <sup>st</sup> Prior Year			
2 <sup>nd</sup> Prior Year			
3 <sup>rd</sup> Prior Year			
4 <sup>th</sup> Prior Year			