Jed Miner & Associates
INSURANCE SERVICES, INC.

1524 East 1110 North ● Orem, UT 84097 ● Phone: 801-226-8106 ● Fax: 801-226-0986

Commercial Auto Application

List ALL vehicles that you will be using for your business.

Business Name: _____ DBA: _____

Contact Name: _____ Phone: _____ Email: _____

Mailing Address: _____ Website: _____

City: _____ State: _____ Zipcode: _____

Physical Address: _____

City: _____ State: _____ Zipcode: _____

☐ Individual ☐ Partnership ☐ LLC ☐ Association ☐ Corporation

Detailed Description of Business Operations: _____

_____

Years in Business: _____ Years of Experience: _____ FEIN/SSN: _____

Requested Liability Limits**:** _____

Driver 1:

Name: _____ Date of employment (Other than Owner): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single SSN: _____

DOB: _____ Year first licensed: _____ Drivers License #: _____ State Issued: _____

Moving Violations or Accidents in last 36 months? ☐ Yes ☐ No If yes, please list: _____

Do you have a CDL? ☐ Yes ☐ No If yes, year obtained: _____ US DOT#: _____

Vehicle # being operated: _____ Percentage of use: _____ Usage Type: _____

Driver 2:

Name: _____ Date of employment (Other than Owner): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single SSN: _____

DOB: _____ Year first licensed: _____ Drivers License #: _____ State Issued: _____

Any Moving Violations or Accidents in last 36 months? ☐ Yes ☐ No If yes, please list: _____

Do you have a CDL? ☐ Yes ☐ No If yes, year obtained: _____ US DOT#: _____

Vehicle # being operated: _____ Percentage of use: _____ Usage Type: _____

Vehicle 1:

Year: _____ Make: _____ Model: _____

Body Type: _____ VIN: _____ Gross Vehicle Weight:_____

Vehicle Purchased: ☐ New ☐ Used Date of Purchase: _____ Purchase Price: _____

Cost New: _____ Current Value: _____

Is there a Lein Holder? ☐ Yes ☐ No If yes, name of Lein Holder: _____

Address: _____ Loan #: _____

City: _____ State:_____ Zip Code: _____

Radius in miles vehicle will be driven: ☐ 300 ☐ 500 ☐ Unlimited

Comp Deductible: ☐250 ☐500 ☐1000 ☐No Coverage Collision Deductible: ☐250 ☐500 ☐1000 ☐No Coverage

Is there any damage to this vehicle? ☐ Yes ☐ No If yes, describe: _____

Vehicle Use:_____ Will this vehicle also be used for personal use? ☐ Yes ☐ No

Vehicle 2:

Year: _____ Make: _____ Model: _____

Body Type: _____ VIN: _____ Gross Vehicle Weight:_____

Vehicle Purchased: ☐ New ☐ Used Date of Purchase: _____ Purchase Price: _____

Cost New: _____ Current Value: _____

Is there a Lein Holder? ☐ Yes ☐ No If yes, name of Lein Holder: _____

Address: _____ Loan #: _____

City: _____ State: _____ Zip Code: _____

Radius in miles vehicle will be driven: ☐ 300 ☐ 500 ☐ Unlimited

Comp Deductible: ☐250 ☐500 ☐1000 ☐No Coverage Collision Deductible: ☐250 ☐500 ☐1000 ☐No Coverage

Is there any damage to this vehicle? ☐ Yes ☐ No If yes, describe: _____

Vehicle Use:_____ Will this vehicle also be used for personal use? ☐ Yes ☐ No