# COMMERCIAL AUTO APPLICATION

**Complete application and return by fax or email.**
**Fax: 703.483.9934 E-mail: sales@fciagency.com**

FIRST CHOICE INSURANCE AGENCY

| | |
|---|---|
| Applicant Name | |
| Mailing Address | |
| Contact Name | Phone |
| Email | Fax |
| Federal Employer ID Number | ___Individual____Corporation<br>___LLC ___Partnership |
| **Proposed Effective Date** | Current Insurance Carrier |

**VEHICLE INFORMATION**

| Year | Make | Model | Vehicle ID # | Cost New | Garage Location Town & Zip | Comprehensive and Collision Yes or No |
|---|---|---|---|---|---|---|
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**DRIVER INFORMATION**

| Name | Date of Birth | License Number | State Licensed |
|---|---|---|---|
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**COVERAGE LIMITS – CHOOSE ONE**

| | | | |
|---|---|---|---|
| Liability | ☐ $100,000<br>☐ $300,000<br>☐ $500,000<br>☐ $1,000,000 | Comprehensive and Collision - Deductibles | ☐ $100/$250<br>☐ $250/$500<br>☐ $500/$1,000 |

**PRIOR CARRIER / LOSS HISTORY**

| YEAR | INSURANCE CARRIER | ANNUAL PREMIUM | # CLAIMS | AMOUNT PAID |
|---|---|---|---|---|
| CURRENT | | | | |
| | | | | |
| | | | | |
| PROVIDE CLAIM DETAILS | | | | |

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES | YES | NO |
|---|---|---|
| Are any of the above vehicles not solely owned by you? | | |
| Do over 50% or your employees use their vehicles for your business? | | |
| Is there a vehicle maintenance program in operation? | | |
| Are any of your vehicles leased to others? | | |
| Are any of your vehicles customized, altered or have special equipment? | | |
| Are ICC, PUC or other filings required? | | |
| Any hold harmless agreements? | | |
| Any vehicles used by family members? If so, indentify below. | | |
| Do you obtain MVR verifications from all drivers? | | |
| Do you have a specific driver recruiting method? | | |
| Are any drivers not covered by workers compensation? | | |
| Any vehicles owned but not scheduled on this application? | | |
| Are you aware of any drivers with convictions for moving traffic violations? | | |
| EXPLAIN ANY "YES" RESPONSES | | |

**APPLICANTS SIGNATURE –** by signing below you state that you have answered all questions on this application as truth to the best of your knowledge. You also understand that the purpose of this application is to obtain an insurance quotation and that no coverage is in place or will be in place by simply completing this application.

Signature_____ Print_____ Title_____ Date _____

First Choice Insurance Agency
P.O. Box 150337, Alexandria, VA 22315
Phone: 703.382.2345