

EXCESS AUTO INSTANT QUOTE SUPPLEMENTAL APPLICATION

Named Insured:	Years In Business:
Mailing Address:	
Proposed Policy Term	
Effective Date:	Expiration Date:

Description of Operations: _____

Does the Insured Require FMCSA or State Filings? Yes No

Insured Warrants:

1. No DUI/DWI violations in the past 5 years for any vehicle operator currently employed or hired by the insured? True False
2. No currently suspended driver's license for any vehicle operator currently employed or hired by the insured? True False
3. No more than three auto liability losses in the past 5 years? True False
4. No individual auto liability loss over \$50,000 in the past 3 years? True False

Underlying Liability Limits:

_____ \$1M CSL _____ \$1.5M CSL _____ \$2M CSL

Underlying Carrier: _____

Excess Liability Limits:

_____ \$500K CSL _____ \$1M CSL _____ \$1.5M CSL _____ \$2M CSL
 _____ \$2.5M CSL _____ \$3M CSL _____ \$3.5M CSL _____ \$4M CSL

Item #	Garage Zip	State	Primary Classification	# of Units

The applicant agrees, represents and warrants that the statements and information contained in this application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted or misstated. Any failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements and information contained in this application, including all statements, information and documents accompanying or relating to this application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*:

Title: _____ **Date:** _____

* Signing this application does not bind the applicant or the company to complete the insurance.