



Governmental Alternative Solutions

Automobile Application

General Information:

Applicant Name:	
Mailing Address:	
Primary Contact:	Phone Number and E-Mail Address:
Risk Manager:	Phone Number and E-Mail Address:
Legal name of entity:	
Street Address:	
City:	
County:	
Year entity established:	
Has any insurance for the applicant been cancelled or non-renewed in the last 5 years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Current Coverage:	Carrier	Limits	Retention	Occurrence or Claims-Made	Retro Date for Claims-Made	Expiring Premium
Auto Liability						
Uninsured /Underinsured Auto Liability						

Auto Physical Damage Current Coverage	Carrier	Limit Retention	# Vehicles
Actual Cash Value			
Replacement Cost			
Stated Amount			

Desired Coverage:	Limits	Retention	Occurrence or Claims-Made	Retro Date for Claims-Made	Expiring Premium
Auto Liability					
Uninsured /Underinsured Auto Liability					

Desired Auto Physical Damage Coverage	Limit Retention	# Vehicles
Actual Cash Value		
Replacement Cost		
Stated Amount		

How often are vehicles inspected:	
a. Daily:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Weekly	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Monthly:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are safety inspection records maintained?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have a formal written accident reporting procedure?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have driver-hiring criteria in place?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have policies and procedures in place for self-inspection?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant perform accident investigations for each automobile accident?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have driver-hiring criteria in place?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. MVRs checked on all drivers prior to hire.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. MVRs checked at least annually.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Drug/alcohol testing at time of hire?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
d. Reference checks?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
e. Road test given prior to hire?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the school obtain MVRs on all drivers who operate their own vehicles on the entity's business?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have written guidelines defining an acceptable Motor Vehicle Report?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
What actions are taken if an employee's driving record is considered unacceptable?	
Does the applicant have an accident review board?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant take disciplinary action for drivers who repeatedly violate safety procedures?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have monthly safety meetings?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are all drivers properly licensed with State & DOT requirements?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Does the applicant perform accident investigations for each automobile accident?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Any drivers with DUI arrest/conviction in last 3 years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Any drivers with more than 3 moving violations in last 5 years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Random Drug Screening?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, is it performed by an outside provider?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant provide a formal driver training program?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are employees, or families of employees, allowed to use the applicant's autos for non-business/ personal use?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please describe the nature and circumstances:	
Do any employees drive their own vehicles in the entity's business?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please describe the nature and circumstances:	
For those employees who use their own vehicles for school business, other full-time or occasionally, does the school require the employee to carry primary insurance?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant have a maintenance program?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. If yes, please provide how often the vehicles are inspected?	
b. Who performs the maintenance on the entity's vehicles?	
c. Do the auto technicians have certification from Automotive Service Excellence (ASE), NATEF, or a similar certification agency?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is there a policy in place for vehicle replacement?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Does the applicant own or use any 15-passenger vans?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
a. Does the applicant have a regular maintenance plan in place that includes tire rotation and regular replacement?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Has the applicant either modified the van with dual rear wheels or removed the rear seat?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Does the applicant have a policy that prohibits fully loading the van(s)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
d. Does the applicant only allow drivers with CDLs to drive the van(s)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
e. Are drivers given special training on the operation of 15 passenger vans?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
IF Auto Physical Damage is requested, any locations with a concentration of vehicles where values exceed \$1,000,000.00?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>
a. If yes, where are vehicles stored, and how are they secured?	
b. If yes, please provide the particular location(s) and total value for each:	

Fleet Summary

1. Fleet:	
Please provide vehicle count for the past 5 years:	
Policy Term	# of Vehicles

Please summarize the vehicle fleet:

Vehicles:	# Units:	Buses:	# Units:
Police cars:		1-8 passengers	
Private passenger – all other:		9-20 passengers	
Vans (no passenger), light trucks & pickups (up to 10,000 lbs. GVW):		21-60 passengers	
Passenger vans (1-8 seats):		61+ passengers	
Passenger vans (9-20 seats):			
Medium trucks (10,001 to 20,000 lbs. GVW):			
Heavy trucks (20,001 to 45,000 lbs. GVW):			
Extra heavy trucks (over 45,000 lbs. GVW):			
Heavy truck tractor (up to 45,000 lbs. GVW):			
Extra heavy truck tractor (over 45,000 lbs. GVW):			
Fire trucks:			
Ambulances:			
Garbage/Refuge Trucks:			
Paratransit/Dial-a-Ride			

Where are vehicles stored, and how are they secured?	
Any Locations with a concentration of vehicles where values exceed \$500,000.00?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

If Yes, please provide the particular location(s) and values for each:

Loss History

Please provide minimum 6 years prior loss history as outlined below. Losses must be shown from first dollar and include open and closed claims.

Does Applicant reserve only to retention level?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If Yes, excess claims information must be provided.	
If No, please explain:	
Attach a listing of all opened and closed claims excess of 50% of the SIR; include date of loss, description of claim/injury, total incurred and paid amounts.	
Attach company loss runs.	

Please provide minimum 6 years prior loss history with the following detail:
a. Listing of all open and closed claims from first dollar;
b. Date of Loss;
c. Description of claim/injury;
d. Total paid;
e. Total reserved;
f. Total incurred.

Claims Handling:

Self-administration	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
TPA	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Company	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Name/ address of Third Party Administrator:		
For self-administration or TPA, please provide name, address, phone number and key contact of the proposed claim handler:		
Contact Name:	Telephone #:	
Address:		
City:	State:	Zip:

Please list the names, experience levels and authority levels of the claims handling staff:

Name	Experience	Authority Level

Who is responsible for reporting claims to the excess carrier?

Are reserves established for each reported claim? Yes: No:

If no, please explain:	
Describe method utilized in setting reserves: Case by case: Formula:	
Please explain:_____	
Who establishes the reserves?_____	
Is the applicant in compliance with GASB 10?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Describe your claim system: Manual: <input type="checkbox"/> Automated: <input type="checkbox"/>	
a. If automated, is software internally programmed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. If automated, is software vendor-programmed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If vendor-programmed, please provide name of vendor:_____	
How often are claim reports generated?_____	
Do your claim reports include details on the status of each claim, as well as the paid amount, incurred amount and description of loss?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
How is litigation handled?	
a. Legal Staff	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
b. Independent Counsel:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
c. Both	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Are all claim files and reports centralized and coordinated by one individual? Yes: No:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Tracking of claims:	
a. If tracked in electronic format please list name of claims system:	
b. Please provide Claims Procedures/Claims Handling Guidelines:	
c. Please describe Claims Reserving Procedures/Guidelines:	
d. Does TPA or claims self-administration have capability to track Annual Aggregate Deductibles?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
e. Does TPA or claims self-administration have capability to track Stop Loss Aggregates?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

FRAUD WARNING

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, PARTNER, DIRECTOR OR OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE NAMED INSURED WILL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES. THE INSURER RESERVES ITS RIGHTS TO MODIFY OR WITHDRAW ITS PROPOSAL.

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE, REPRESENTS AND WARRANTS ON BEHALF OF THE NAMED INSURED AND ALL PERSONS OR ENTITIES FOR WHOM INSURANCE IS BEING SOUGHT THAT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF AND AFTER DILIGENT INQUIRY, THE STATEMENTS SET FORTH IN THIS APPLICATION AND ANY ATTACHMENTS HERETO ARE TRUE AND ACCURATE. IT IS UNDERSTOOD THAT THE STATEMENTS IN THIS APPLICATION, INCLUDING MATERIALS SUBMITTED TO OR OBTAINED BY THE INSURER, ARE MATERIAL TO THE ACCEPTANCE OF THE RISK, AND RELIED UPON BY THE INSURER.

NOTICE TO APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME ANY MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE

PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMING WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Entities Attestation: The authorized signer of this application attests to the best of his/her knowledge that statements set forth herein are true; that no fact, circumstance nor situation indicating the probability of a claim or action now known to any entity, official, or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. It is further acknowledged that the signed of this application does not bind the signer to purchase the insurance. However, it is agreed this form shall be the basis of the contract and any policy which might be issued.

Completion of this questionnaire creates no obligation upon the applicant to accept insurance or upon Euclid Public Sector Underwriters to offer insurance. However, in the event that any insurance offering is accepted by the applicant or is issued by Euclid Public Sector this questionnaire will form the basis for the acceptance and insurance.

Signature:		
Name:		Title:
Company:		Address:
City:	State:	Zip:

