

## EXCESS AUTO INSTANT QUOTE SUPPLEMENTAL APPLICATION

<b>Named Insured:</b>	<b>Years In Business:</b>
<b>Mailing Address:</b>	
<b>Proposed Policy Term</b>	
<b>Effective Date:</b>	<b>Expiration Date:</b>

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 5 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.