

**STANLEY MCDONALD AGENCY**  
**COMMERCIAL AUTO APPLICATION**  
PLEASE FAX COMPLETED APPLICATION TO:  
888-625-3501

Legal Name: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

DBA Name: \_\_\_\_\_ Years In Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street, City, State & Zip)

Legal Entity: Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_

Describe Type of Business: \_\_\_\_\_

Current Auto Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Please list your current policy limits below:

Liability: \_\_\_\_\_ Med Pay or PIP: \_\_\_\_\_ Un-Insured Motorist: \_\_\_\_\_  
Underinsured Motorist: \_\_\_\_\_ Deductibles: Comp \_\_\_\_\_ Collision \_\_\_\_\_

Please attach a copy of you current policy declaration page.

Have you had any auto claims in the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Do any employees drive their own vehicle for work purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you maintain copies of their coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Please complete the attached Vehicle Schedule & Drivers List

\*\*\*Please provide 3 years loss runs.\*\*\*

*I attest that the above information and the information contained on the Vehicle Schedule and Driver List is true and accurate to the best of my knowledge. I understand that the quoted premium is not firm until the information is submitted and the motor vehicle reports are run on the drivers.*

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**VEHICLE LIST**  
Please copy as needed

Vehicle # \_\_\_\_\_

Vin Number: \_\_\_\_\_ Cost New: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Body Type: \_\_\_\_\_  
Type of use: Personal \_\_\_\_\_ Commercial \_\_\_\_\_ Both Commercial & Personal \_\_\_\_\_  
Garage Zip Code: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ # Jobs Per Day: \_\_\_\_\_  
Comprehensive Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ Collision Coverage?: Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have a loan or lease the vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle # \_\_\_\_\_

Vin Number: \_\_\_\_\_ Cost New: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Body Type: \_\_\_\_\_  
Type of use: Personal \_\_\_\_\_ Commercial \_\_\_\_\_ Both Commercial & Personal \_\_\_\_\_  
Garage Zip Code: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ # Jobs Per Day: \_\_\_\_\_  
Comprehensive Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ Collision Coverage?: Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have a loan or lease the vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle # \_\_\_\_\_

Vin Number: \_\_\_\_\_ Cost New: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Body Type: \_\_\_\_\_  
Type of use: Personal \_\_\_\_\_ Commercial \_\_\_\_\_ Both Commercial & Personal \_\_\_\_\_  
Garage Zip Code: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ # Jobs Per Day: \_\_\_\_\_  
Comprehensive Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ Collision Coverage?: Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have a loan or lease the vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle # \_\_\_\_\_

Vin Number: \_\_\_\_\_ Cost New: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Body Type: \_\_\_\_\_  
Type of use: Personal \_\_\_\_\_ Commercial \_\_\_\_\_ Both Commercial & Personal \_\_\_\_\_  
Garage Zip Code: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ # Jobs Per Day: \_\_\_\_\_  
Comprehensive Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ Collision Coverage?: Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have a loan or lease the vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle # \_\_\_\_\_

Vin Number: \_\_\_\_\_ Cost New: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Body Type: \_\_\_\_\_  
Type of use: Personal \_\_\_\_\_ Commercial \_\_\_\_\_ Both Commercial & Personal \_\_\_\_\_  
Garage Zip Code: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ # Jobs Per Day: \_\_\_\_\_  
Comprehensive Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ Collision Coverage?: Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have a loan or lease the vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

# DRIVER LIST

Please list all drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

	Name	Date of Birth	Soc. Sec. #	License #	State
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Please list any driver that has any known violations on their driving record below:

	Name	Date of Violation	Type of Violation
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			