

## **Farm Auto Application Checklist**

**Did you remember to include the following?**



(Check off each applicable)

\_\_\_\_\_

Acord 127

\_\_\_\_\_

Acord 137 (State Specific)

\_\_\_\_\_

Covered auto symbols

\_\_\_\_\_

Requested limits

\_\_\_\_\_

All owned and leased vehicles including valid complete VIN #'s

\_\_\_\_\_

Physical damage deductibles

\_\_\_\_\_

Cost new of all trailers (even on liability only)

\_\_\_\_\_

All of the drivers information - full name on the drivers license, date of birth, and drivers license number, state where drivers license was issued?

\_\_\_\_\_

Claims - insurance company generated loss runs? (Recently valued?) Past 3 years

\_\_\_\_\_

Additional interests in each vehicle (Titleholder as additional insured, Loss Payees, Other Interests)

\_\_\_\_\_

The Inexperienced Operator Questionnaire is attached

### **Common Auto Endorsement Options:**

Endorsement policy forms can be found on the James Allen Insurance website

\_\_\_\_\_

Fleet Cover Endorsement

\_\_\_\_\_

Individual Named Insured Endorsement

\_\_\_\_\_

Limited Agricultural Pollution Amendment

\_\_\_\_\_

Drive Other Car Coverage - Broadened Coverage for Named Individuals

\_\_\_\_\_

New Vehicle Replacement Insurance (vehicles three years old or less and Private Passenger Type or Light Truck Class)

\_\_\_\_\_

New Vehicle Replacement Hybrid Upgrade Insurance (vehicles three years old or less and Private Passenger Type or Light Truck Class)

# ACORD<sup>TM</sup> BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)			
	FAX (A/C, No):				
EFFECTIVE DATE		EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
			AGENCY BILL		
CODE:	SUB CODE:	FOR COMPANY USE ONLY			
AGENCY CUSTOMER ID:					

**COVERAGES/LIMITS**

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

**DRIVER INFORMATION** ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. WITH THE EXCEPTION OF ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?			8. ANY HOLD HARMLESS AGREEMENTS?		
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?			9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.		
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?			10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?		
4. ARE ANY VEHICLES LEASED TO OTHERS?			11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?		
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?			12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?			13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?		
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?			14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
DESCRIPTION OF GARAGE/STORAGE LOCATIONS			15. HAS AGENT INSPECTED VEHICLES?		
			MAXIMUM DOLLAR VALUE SUBJECT TO LOSS		
			\$		

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT** ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					VEHICLE:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
<input type="checkbox"/> OWNER					
<input type="checkbox"/> REGISTRANT					
ITEM DESCRIPTION:					

**REMARKS**

**VEHICLE DESCRIPTION**

ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW				
		MODEL:	V.I.N.:	PP	SPEC	COML	\$					
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		\$		\$	COLL
NET VEH DR/CR:									TOTAL PREM \$			
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM/AGE	COST NEW				
		MODEL:	V.I.N.:	PP	SPEC	COML	\$					
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	
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< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL		\$		\$	COLL
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