


Application for Tennessee Commercial Automobile Insurance Applicable to Applicant(s), Insured(s) and all Operators: ALL DRIVERS MUST BE LISTED AND HOLD A VALID TENNESSEE DRIVER'S LICENSE. COVERAGE IS EFFECTIVE ONLY WHEN ACCEPTED BY THE COMPANY AND POLICY ISSUED						150 Northwest Point Blvd... Elk Grove Village, IL 60007 Phone: (847) 472-6700 Fax (847) 228-3933 www.ASILINK.com				
Agency Bill <input type="checkbox"/>	Direct Bill <input type="checkbox"/>	Down Payment \$	Producer Name		Producer Phone Number:			FOR OFFICE USE:		
Applicant's/Business Full Name:						Policy Number:				
Business/Garaging Address:				Unit #:	Work Phone Number:					
City	State TN	Zip Code +4	Territory	Binder Date:	Binder Time:	Effective Date	Expiration Date	Term		
Mailing Address – if different from above				City	State	Zip Code + 4	ICC Filing: Yes / No	ICC Number:		
Previous Carrier(s) ATTACH RENEWAL QUOTE, CURRENT DEC PAGE AND LOSS RUNS.		How Long Insured:		Date Terminated and Why:		Premiums/Losses:				
Describe Applicant's Operations:		Special Use Equipment Attached to Vehicles:	Cost of Special Equipment	Materials Typically Carried or Used in Business:	How Long In Business:	Radius of Operations:				
APPLICANT REPRESENTS THAT THERE ARE NO OTHER DRIVERS OR REGULAR OPERATORS OTHER THAN THOSE LISTED BELOW. All Drivers/Operators must be listed and hold a valid TENNESSEE driver's license. Failure to list a driver may result in denial of coverage. Drivers under the age of 21 are unacceptable for coverage under this policy.										
LIST ALL DRIVERS BELOW: Space is provided on the back of this application for additional drivers.			DRIVER'S LICENSE #	Birth date		Gender	Married	Occupation:		
				Mo	Day	Year	M-F	S or M		
1	APPLICANT									
2										
3										
4										
List all accidents/violations (regardless of fault) within the past 36 months for each driver shown above:										
DATE OF OCCURRENCE	DESCRIBE ACCIDENT/VIOLATION			DRIVER	DATE OF OCCURRENCE	DESCRIBE ACCIDENT/VIOLATION			DRIVER	
Description of Owned/Leased Automobile(s)						Optional Equipment: On back of app give a description/value, (attach bill(s) of sale)		G.V.W	Vehicle Value	License Plate # and Type
Auto	Model Year	Vehicle Make	Body Type/Exact model	Vehicle Identification Number						
1										
2										
3										
4										
Auto	Indicate LP or AI	Loss Payee/Additional Insured's Full Name & Address:						Leased Vehicle?		
		Any losses under Comprehensive & Collision are payable to named insured and any lien holder or lessor listed below as interest may appear.								
1								Yes / No		
2								Yes / No		
3								Yes / No		
4								Yes / No		
Indicate Coverages/Limits Here: Bodily Injury, Property Damage, and Uninsured & Underinsured Motorist Bodily Injury Limits are Policy-Wide. Consult Rate Manual for Availability		Bodily Injury: _____,000 Each Person _____,000 Each Accident		Property Damage: _____,000 Each Accident Combined Single Limit (C.S.L.) _____,000 Each Accident		Uninsured/Underinsured Motorist Bodily Injury: _____,000 Each Person _____,000 Each Accident		MEDICAL PAYMENTS: 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 5000 <input type="checkbox"/>		
	Primary Use	Secondary Use	Comprehensive and Collision Deductibles			Premium Per Auto				
Auto 1						\$				
Auto 2						\$				
Auto 3						\$				
Auto 4						\$				
Total Policy Premium						\$				
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.										
Applicant's Statement: The applicant has read this application and attests all answers given to the questions asked herein are truthful to the best of their knowledge and belief. The applicant states said answers were made as inducement to the insurance company to issue a policy and it is a special condition of this policy that the policy shall be NULL and VOID and no benefit or effect whatsoever as to any claim arising thereunder in the event that the attestations or statements in this application shall prove to be false or fraudulent in nature. It is understood that NO POLICY CONTRACT will be effective if the check given as down payment is not honored for true and good reasons by the bank upon which it is drawn. Applicant certifies that all persons age 21 and over employed by them or operating their vehicle(s) have been reported to the Company and the Applicant will inform the Company of any future additions. The Company relies on the contents of this application in issuing any policy or renewal.										
Applicant's Signature: X			Date:		Producer's Signature: X			Date:		

(OVER: FOR ADDITIONAL DRIVERS, VEHICLES AND EXCLUSION FORM.)

NAMED OPERATOR EXCLUSION: (Valid for this policy and all subsequent Renewals)

As an inducement for the Company to issue and in consideration of the insurance provided by this policy on the vehicle(s) listed therein, the following individual(s) is/are specifically excluded from this policy.

- 1. Name _____ Relation to Applicant/Insured _____
- 2. Name _____ Relation to Applicant/Insured _____
- 3. Name _____ Relation to Applicant/Insured _____

If, at the time of a loss, an excluded operator is driving any vehicle, no coverage of any kind shall be afforded.

Applicant's Signature: X _____ Date ____/____/____

Co-Applicant's Signature: X _____ Date ____/____/____

**Rejection of Uninsured Motorist Bodily Injury (UMBI) / Under Insured Motorist Bodily Injury (UIMBI) /
Uninsured Motorist Property Damage (UMPD) Coverage**

These coverages have been explained to me and I have been offered UMBI and UIMBI coverage in the amounts up to my policy limits of liability for Bodily Injury. I understand that this offer will only be made once and will not be repeated. I can change these coverages at any future date by written request. Understanding this offer:

REJECT Uninsured and Underinsured Motorist Bodily Injury Coverage.
(Sign below)

ELECT Uninsured & Underinsured Motorist Bodily Injury Coverage with limits of: _____ / _____.
(Sign below) (Write in limits. Limits cannot exceed the B.I. Limits)

ELECT Uninsured Motorist Property Damage.*
(Sign Below)

*This coverage will pay for damage to your automobile caused by an identifiable Uninsured driver. \$10,000 limit, a \$200.00 deductible applies. You may reject this coverage by marking an "X" in the box below and signing your name.

Applicant's Signature: X _____ Date ____/____/____

NOTES / ADDITIONAL DRIVERS/ADDITIONAL CARS: _____

PAYMENT PLAN
(Circle option desired)

- 1. Full payment with application.
- 2. (4) Four payment plan.....25% down with application, balance due in (4) four equal monthly payments.
- 3. (10) Ten payment plan.....15% down with application, balance due in (10) ten equal monthly payments.

All applications must be complete and signed. Full payment or the appropriate down payment must be submitted with the application. **ALL DOWN PAYMENTS MUST BE IN THE FORM OF CASHIERS CHECK, MONEY ORDER OR AGENCY CHECK.**