



Commercial Auto Supplemental Application

Named Insured: _____

FEIN: _____ DOT # (if applicable): _____

ANY State and/or Federal filings required? Yes _____ No _____

If Yes, please provide filings required and any applicable filing numbers:

Owner's Information (MUST be involved in Daily Operations):

Owners' Full Name (First and Last): _____

Home Address (House Number and Street): _____

City: _____ State: _____ Zip Code: _____

Date of Birth (MM/DD/YYYY): _____ Phone Number: _____

SSN: _____

Should owner be added as a Driver on the policy? Yes _____ No _____

DISCLAIMER: Cluett and its Auto Carriers use information from you and other sources, such as your driving and claims histories, to calculate an accurate price for your insurance. Cluett and its Auto Carriers may also use a credit report to verify the information you provide, or for underwriting commercial products. Your personal information is ONLY used for the reasons stated above and will NEVER be used for any other purposes.

Does Insured have BOP/GL Coverage in force (IF YES, credit may be available)? Yes _____ No _____

What is your Renewal/Target Premium? \$ _____

Policy Specific Questions - All questions must be answered.

Is there a vehicle maintenance program in operation? Yes _____ No _____

If Yes, please explain the type of program and if there are maintenance records kept on file: _____

Are any vehicles customized, altered or have special equipment? Yes _____ No _____

If Yes, please provide details listing the customized item and estimated value of customization: _____

Are any vehicles owned by the prospect not to be scheduled on this application? Yes _____ No _____

If Yes, please explain: _____

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years?

Yes _____ No _____

If Yes, please explain: _____

Has the prospect had any losses in the past 4 years (current policy and prior 3 years)?

Yes _____ No _____

NOTE: Risks with more than 5 vehicles are required to submit company loss runs.

If Yes, please provide details (description, date, amount paid, amount reserved): _____

Please submit this fully completed Supplemental Application along with Acord Apps 125, 137, and 4 years of Currently Valued Loss Runs.

Commercial Auto Supplemental Application (Continued)



Are owned vehicles used for towing special equipment (air compressors, concrete mixers, etc.)?

Yes _____ No _____

Do any employees operate company owned autos after normal business hours? Yes _____ No _____

If Yes, which drivers and vehicles? _____

Does Insured obtain MVRs? Yes _____ No _____

Do any drivers have convictions for moving traffic violations? Yes _____ No _____

Drivers:

Full Name (First, MI, Last)	DOB	Lic State	Lic #	CDL	CDL	Yrs. Experience
					Year Obtained	
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Lienholders/Loss Payees to be listed on policy:

Name _____

Address _____

Vehicle # _____

Cluett Commercial Insurance Agency, Inc.

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