



SMA Insurance Group, Inc.
Solutions for life's ifs and whens

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 _____

