

# SERVPRO® FRANCHISEE INSURANCE PROGRAM

## Commercial Auto Insurance Quote Request

Date: \_\_\_\_\_

### Contact Information

---

Contact Name: \_\_\_\_\_

Franchise Name: \_\_\_\_\_ Franchise Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date new coverage needs to be effective: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Describe Your Business

---

Legal Entity:  Corporation  LLC  Partnership  Individual

How many years has the applicant been in this line of work? \_\_\_\_\_ years

Year Business Started: \_\_\_\_\_

Gross Annual Receipts: \$ \_\_\_\_\_

Number of Employees: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Leased

Do you have subsidiaries? . . . . .  Yes  No

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? . . .  Yes  No

If Yes, please tell us about them: \_\_\_\_\_

Does your business have any special vehicle types or other driving exposure? (i.e., scheduled autos, auto service/repair, recreational vehicles, etc.) . . . . .  Yes  No

Does the business obtain MVR verifications? . . . . .  Yes  No

### Additional Business Information

---

Are all vehicles registered to the business? . . . . .  Yes  No

Do any employees regularly use their personal auto in the business? (i.e., delivery service, sales calls, etc.) . .  Yes  No

Are any vehicles leased to others? . . . . .  Yes  No

Are any vehicles customized, altered or specially equipped? . . . . .  Yes  No

If Yes, please describe below. Value: \$ \_\_\_\_\_

Do you transport hazardous materials as defined by state or federal regulatory agencies? . . . . .  Yes  No

Do you own or operate any vehicles that are not scheduled on this application? . . . . .  Yes  No

## Driver Information

---

Please list all drivers that are authorized to operate the franchisee vehicles . If more than six drivers, please copy form.

Driver: _____	Driver: _____
Date of Birth: _____	Date of Birth: _____
Gender: _____	Gender: _____
License State: _____	License State: _____
License Number: _____	License Number: _____
Any accidents/violations in the last 5 years? (If yes please include on separate sheet)	Any Accidents/Violations in the past 5 years? (If yes please include on separate sheet)
Driver: _____	Driver: _____
Date of Birth: _____	Date of Birth: _____
Gender: _____	Gender: _____
License State: _____	License State: _____
License Number: _____	License Number: _____
Any accidents/violations in the last 5 years? (If yes please include on a separate sheet)	Any accidents/violations in the last 5 years? (If yes please include on a separate sheet)
Driver: _____	Driver: _____
Date of Birth: _____	Date of Birth: _____
Gender: _____	Gender: _____
License State: _____	License State: _____
License Number: _____	License Number: _____
Any accidents/violations in the last 5 years? (If yes please include on a separate sheet)	Any accidents/violations in the last 5 years? (If yes please include on a separate sheet)

## Risk Management Practices

---

Select your risk management practices:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Documented hiring practices<br>(employment application,<br>references, driving records, etc .) | <input type="checkbox"/> Drug testing      | <input type="checkbox"/> Employee training programs  |
| <input type="checkbox"/> Regular safety meetings  | <input type="checkbox"/> Cell phone policy | <input type="checkbox"/> Vehicle maintenance program |

## Current Insurance and Claims History

---

Current Auto Insurance Company: \_\_\_\_\_ Current Premium: \$ \_\_\_\_\_

- Have you had any claims submitted to your insurance carrier in the last three years? . . . . .  Yes  No  
*If Yes, please describe any losses in the last three years; including date of loss, \$ amount and details on a separate page*
- Has any commercial auto policy been cancelled or non-renewed in the last five years? . . . . .  Yes  No
- Have you been involved in any lawsuits related to your business activities? . . . . .  Yes  No
- Have any judgments or liens been rendered against you? . . . . .  Yes  No
- For each line of business submitted with this application, do you have any other exposures  
that have not been identified? . . . . .  Yes  No

## Coverage Requested

---

Commercial Auto Liability Limit (if owner): \$1,000,000 minimum available

Deductible: *(Please choose one for each.)*

Comprehensive:  \$500       \$1,000

Collision:  \$1,000     \$1,500     \$2,500

## Vehicle Details

---

**Vehicle #1:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Furthest One Way Distance Vehicle Travels? \_\_\_\_\_

Vehicle used for Business, Personal or both? \_\_\_\_\_ Is there a loan/lease on this vehicle? \_\_\_\_\_

Average # of jobsite, trips, deliveries, service calls per day? \_\_\_\_\_ Value of Permanently Attached Equipment: \_\_\_\_\_

**Vehicle #2:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Furthest One Way Distance Vehicle Travels? \_\_\_\_\_

Vehicle used for Business, Personal or both? \_\_\_\_\_ Is there a loan/lease on this vehicle? \_\_\_\_\_

Average # of jobsite, trips, deliveries, service calls per day? \_\_\_\_\_ Value of Permanently Attached Equipment: \_\_\_\_\_

**Vehicle #3:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Furthest One Way Distance Vehicle Travels? \_\_\_\_\_

Vehicle used for Business, Personal or both? \_\_\_\_\_ Is there a loan/lease on this vehicle? \_\_\_\_\_

Average # of jobsite, trips, deliveries, service calls per day? \_\_\_\_\_ Value of Permanently Attached Equipment: \_\_\_\_\_

**Vehicle #4:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Furthest One Way Distance Vehicle Travels? \_\_\_\_\_

Vehicle used for Business, Personal or both? \_\_\_\_\_ Is there a loan/lease on this vehicle? \_\_\_\_\_

Average # of jobsite, trips, deliveries, service calls per day? \_\_\_\_\_ Value of Permanently Attached Equipment: \_\_\_\_\_

**Vehicle #5:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Furthest One Way Distance Vehicle Travels? \_\_\_\_\_

Vehicle used for Business, Personal or both? \_\_\_\_\_ Is there a loan/lease on this vehicle? \_\_\_\_\_

Average # of jobsite, trips, deliveries, service calls per day? \_\_\_\_\_ Value of Permanently Attached Equipment: \_\_\_\_\_

**Vehicle #6:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Furthest One Way Distance Vehicle Travels? \_\_\_\_\_

Vehicle used for Business, Personal or both? \_\_\_\_\_ Is there a loan/lease on this vehicle? \_\_\_\_\_

Average # of jobsite, trips, deliveries, service calls per day? \_\_\_\_\_ Value of Permanently Attached Equipment: \_\_\_\_\_

**Vehicle #7:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Furthest One Way Distance Vehicle Travels? \_\_\_\_\_

Vehicle used for Business, Personal or both? \_\_\_\_\_ Is there a loan/lease on this vehicle? \_\_\_\_\_

Average # of jobsite, trips, deliveries, service calls per day? \_\_\_\_\_ Value of Permanently Attached Equipment: \_\_\_\_\_

**Vehicle #8:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Furthest One Way Distance Vehicle Travels? \_\_\_\_\_

Vehicle used for Business, Personal or both? \_\_\_\_\_ Is there a loan/lease on this vehicle? \_\_\_\_\_

Average # of jobsite, trips, deliveries, service calls per day? \_\_\_\_\_ Value of Permanently Attached Equipment: \_\_\_\_\_

**Vehicle #9:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Furthest One Way Distance Vehicle Travels? \_\_\_\_\_

Vehicle used for Business, Personal or both? \_\_\_\_\_ Is there a loan/lease on this vehicle? \_\_\_\_\_

Average # of jobsite, trips, deliveries, service calls per day? \_\_\_\_\_ Value of Permanently Attached Equipment: \_\_\_\_\_

**Vehicle #10:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Estimated Value: \_\_\_\_\_ Furthest One Way Distance Vehicle Travels? \_\_\_\_\_

Vehicle used for Business, Personal or both? \_\_\_\_\_ Is there a loan/lease on this vehicle? \_\_\_\_\_

Average # of jobsite, trips, deliveries, service calls per day? \_\_\_\_\_ Value of Permanently Attached Equipment: \_\_\_\_\_

If more than 10 vehicles, please copy use additional copies of page 3 and 4.

**Signature:** \_\_\_\_\_

**PLEASE FORWARD A SIGNED COPY OF THE COMPLETED APPLICATION, ALONG WITH ALL REQUIRED DOCUMENTS TO:**

**ServproFranchiseInsurance@marsh.com**