

ACORDTM BUSINESS AUTO SECTION										DATE (MM/DD/YYYY)					
AGENCY		PHONE (A/C, No, Ext): 619-670-1136				APPLICANT (First Named Insured)									
		FAX (A/C, No): 619-670-5026													
Robert Hawkins DBA Hawkins Insurance Services P.O. Box 2207 Spring Valley, CA 91979-2207 bondpro1@cox.net						EFFECTIVE DATE		EXPIRATION DATE		DIRECT BILL		PAYMENT PLAN		AUDIT	
										AGENCY BILL					
						FOR COMPANY USE ONLY									
CODE: DOI 0655770				SUB CODE:											
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.

[illegible]

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?			
				9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY IN REMARKS.			
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?				10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?			
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?				11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?			
4. ARE ANY VEHICLES LEASED TO OTHERS?				12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?			
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?				13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?			
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED?				14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?			
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?				15. HAS AGENT INSPECTED VEHICLES?			
DESCRIPTION OF GARAGE/STORAGE LOCATIONS					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
	ADDITIONAL INSURED				VEHICLE:
	LOSS PAYEE				SCHEDULED ITEM NUMBER:
	LIENHOLDER				OTHER
	EMPLOYEE AS LESSOR				
	OWNER				
	REGISTRANT				
		ITEM DESCRIPTION:			

REMARKS

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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	
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