

**APPLICATION FOR COMMERCIAL  
AUTO PHYSICAL DAMAGE INSURANCE**

**Sierra Specialty Insurance Services, Inc.**  
 CA Insurance License #0E81019  
 7110 N. Fresno Street, Suite 300  
 Fresno, CA, 93720  
 559-266-6900 phone  
 559-266-6900 fax  
 866-814-9378 toll free



**SierraSpecialty**

**SUTTER**  
 Insurance Company

**GENERAL**

1. Name of applicant \_\_\_\_\_  Individual  Partnership  Corporation  
(As appears on state permits)

2. Mailing address \_\_\_\_\_  
Street Address City County State Zip

3. Applicant's business \_\_\_\_\_ Years in business \_\_\_\_\_

4. Principal garaging location/  
 other terminals \_\_\_\_\_ Phone Number \_\_\_\_\_

5. Date coverage desired \_\_\_\_\_

6. Estimated financial worth \$ \_\_\_\_\_ Gross receipts/last year \$ \_\_\_\_\_ Estimated next year \$ \_\_\_\_\_

**OPERATIONAL DETAILS**

1. Does applicant haul for others? \_\_\_\_\_ If yes, is he filed with PUC? \_\_\_\_\_

2. List all cargo \_\_\_\_\_

3. Does applicant own cargo? \_\_\_\_\_ If not, who owns it? \_\_\_\_\_

4. Does applicant rent or lease equipment to others without drivers?  Yes  No Does applicant understand that coverage  
 being applied for will exclude vehicles rented or leased without drivers?  Yes  No

5. Name of liability carrier \_\_\_\_\_ Is applicant in assigned risk plan?  Yes  No

6. Does applicant own any equipment not scheduled on reverse side? \_\_\_\_\_ If yes, explain why such equipment is not being insured.  
 \_\_\_\_\_

7. Does applicant transport passengers?  Yes  No If yes, describe operation: \_\_\_\_\_

8. What is applicant's maximum radius of operation? \_\_\_\_\_ miles.

**LOSS HISTORY**

**PRIOR CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS**

From		To		Company Name	Policy No.	Physical Damage Losses	
Mo	Yr	Mo	Yr			Number	Amount

Has insurance been cancelled or refused by any company in last 3 years?  Yes  No Explain \_\_\_\_\_

**DRIVER INFORMATION**

DRIVER'S FULL NAME	Date of Birth	Driver's License Info.		No. Yrs. Comm'l Driving	No. Yrs. Empl. By Applicant	No. of Accidents Last 3 Yrs.	No. of Minor Violations Last 3 Yrs.	No. of Major Violations Last 3 Yrs.
		State	License No.					

**ADDITIONAL INFORMATION**

1. Does applicant employ drivers under age 25?  Yes  No If yes, are all such drivers listed above?  Yes  No

2. Does applicant understand that coverage being applied for will exclude coverage on vehicles being operated by drivers under age 25 that are not listed above or reported to the company by subsequent written notice?  Yes  No

3. Are driving records checked and ordered on new drivers at or prior to employment?  Yes  No

4. Does applicant understand that if this application is accepted he will be required to promptly report all new drivers to the company?  Yes  No

**PRODUCER**

**NAME AND ADDRESS OF PRODUCING AGENT/BROKER**

Name \_\_\_\_\_  Agent  Broker Lic. No. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**COMPLETE SPACES BELOW IN DETAIL FOR EACH UNIT TO BE INSURED**

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Unit No.	Year Model	Trade Name	Truck, Tractor, Semi-Trailer, Full Trailer, (Indicate Gas or Diesel)	Serial Number	Maximum Gross Weight of Vehicle	Gals if Liquids Hauled Pass Capacity if Bus	Principal Location of Garaging	Maximum Radius of Operations	Date Purchased Mo Yr	New (N) Used (U)	Cost When Purchased	Present Value	Deductible		Premium	
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The automobiles described above under Item Numbers corresponding to those indicated below are mortgaged as follows and loss, if any, under Comprehensive, Collision, Fire, Lightning or Transportation, Theft, or Combined Additional shall be payable to the named Insured and mortgagee named below, as their interest may appear.

ITEM NO.	NAME OF LOSS PAYEE	ADDRESS OF LOSS PAYEE

**REMARKS:**

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**NOTICE TO APPLICANT**

BY MY SIGNATURE I HEREBY APPLY FOR A POLICY OF INSURANCE SET FORTH ABOVE ON THE BASIS OF STATEMENTS CONTAINED HEREIN. I UNDERSTAND THAT THE INSURANCE APPLIED FOR WILL EXCLUDE COVERAGE ON VEHICLES BEING OPERATED BY DRIVERS UNDER AGE 25, THAT ARE NOT LISTED IN THIS APPLICATION OR REPORTED TO THE COMPANY BY SUBSEQUENT WRITTEN NOTICE, AND VEHICLES RENTED OR LEASED TO OTHERS WITHOUT DRIVERS. I UNDERSTAND THAT NO INSURANCE IS BOUND HEREUNDER AND AGREE THAT NO INSURANCE SHALL BE EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY THE COMPANY, OR ITS AUTHORIZED REPRESENTATIVE.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE TO PRODUCER**

BY MY SIGNATURE I HEREBY DECLARE THAT ALL LIMITATIONS AND EXCLUSIONS CONTAINED IN THE INSURANCE BEING APPLIED FOR HAVE BEEN REVIEWED WITH AND EXPLAINED TO THE APPLICANT.

Signature of Producer \_\_\_\_\_ Date \_\_\_\_\_



**SierraSpecialty**