

HORIZON E & S

SUPPLEMENTAL APPLICATION TO ACORD FORMS FOR COMMERCIAL AUTO

Date: _____ Producer e-mail: _____
 Producer Name: _____ Applicant(s): _____
 Producer Code: _____ Website: _____

GENERAL INFORMATION: (EXPLAIN ALL "YES" RESPONSES ON A SEPARATE SHEET OF PAPER)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do any vehicles have permanently attached equipment including booms or cranes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the Insured work with or transport hazardous materials including Fuel? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are any vehicles used to transport people (other than employees) or goods of others? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are there any delivery time constraints or schedule deadlines involved? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the applicant's work ever include any of the following?
<input type="checkbox"/> Airports <input type="checkbox"/> Boats/Docks/Marine <input type="checkbox"/> Dumping Operations for Hire
<input type="checkbox"/> Mining Operations <input type="checkbox"/> Raceway/Racetrack <input type="checkbox"/> Scrap/Trash or Waste Disposal |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does insured own/lease any other vehicles not listed on the schedule of vehicles? |

PERSONAL USE INFORMATION: (COMPLETE ONLY FOR PRIVATE PASSENGER VEHICLES)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do employees take vehicles home at night? (If Yes, please provide garaging details) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is personal use by the employee permitted? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are family members permitted to use the vehicles? (If yes, provide details and assigned vehicles) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is there a written policy for vehicles that employees take home at night? (If Yes, please attach a copy) |

HIRED AND NON-OWNED AUTO COVERAGE: (PLEASE COMPLETE ONLY IF COVERAGE REQUESTED)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. How often will non-owned autos be used in the Insured business?
<input type="checkbox"/> Daily / <input type="checkbox"/> Weekly / <input type="checkbox"/> Monthly |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the Insured or employees rent any autos for business use? (If Yes, please indicate frequency and length of time of rentals) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the Insured require employees who drive their own autos on company business to have their own insurance? If Yes, Please indicate limits required of employees: \$ _____ |

SECURITY GUARD OPERATIONS:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are the guards armed? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are the guards allowed to pursue? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are they required to respond to alarms? |

OPERATIONS:

1. TIME OF TRIPS: DAY: _____% NIGHT: _____%
2. ANNUAL MILEAGE / VEHICLE: AVG: _____ MAX: _____
3. OVERNIGHT TRIP EXPOSURE:
 Considerable / Minor / None

Acknowledgement & Representations of Applicant

Applicant authorizes Arrowhead General Insurance Agency and its issuing carrier to gather credit and other general information on the applicant for the purposes of evaluating the acceptability of the Applicant and the insurance application. Arrowhead General Insurance Agency and its issuing carrier will not give this information to any third party without the consent of the applicant or as required by law.

I, THE UNDERSIGNED APPLICANT HEREBY DECLARE:

- A) I HAVE PERSONAL KNOWLEDGE OF EACH OF THE FACTS PROVIDED IN THE APPLICATION MATERIALS AND REPRESENT THAT THE INFORMATION PROVIDED, TOGETHER WITH ANY ATTACHMENTS, SUPPLEMENTS, OR APPENDED MATERIALS (COLLECTIVELY REFERRED TO AS "APPLICATION MATERIALS"), IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B) I UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION PROVIDED ON THIS APPLICATION FOR PRESENT OR FUTURE OPERATIONS ARE GROUNDS FOR DENIAL OF ANY CLAIMS PRESENTED UNDER THE COVERAGE PROVIDED AND MAY RESULT IN A RESCISSION OF THE POLICY. IF MY POLICY IS RESCINDED, THE POLICY WILL BE CONSIDERED NULL AND VOID, AS IF NO POLICY HAD EVER BEEN ISSUED AND THE FULL PREMIUM WILL BE REFUNDED.
- C) I AM A PERSON DULY AUTHORIZED TO SUBMIT THE INFORMATION CONTAINED IN THIS APPLICATION AND REPRESENT THAT IT IS CORRECT TO THE BEST OF MY KNOWLEDGE

 APPLICANT

 (DATE)

 PRODUCER

 (DATE)