



AUTOMOBILE SUPPLEMENT

McNeil & Company, Inc.
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Phone (800) 822-3747
Fax (607) 756-5051

General Information

Date of survey: _____ Insurance Renewal Date: _____
Legal Name of Organization: _____
(please include all organizations that are to be included as insureds)
FEIN: _____
Mailing Address: _____
County: _____
Telephone: _____ Fax: _____
Contact Name: _____ Contact Title: _____
Website Address: _____ E-Mail Address: _____

Insurance Agent Information

Agent's Name: _____
Name of Agency: _____
Address: _____
Agency telephone: _____ Agency fax: _____
Date proposal is needed: _____ Agency e-mail address: _____
Do you currently write this account? Yes No
If Yes, for how long? _____ With what Carrier? _____
Is the account Sub-Brokered? Yes No
If Yes, please indicate Agency Name: _____

Automobile Operations

Does the organization service any major metropolitan areas? Yes No
If yes, please describe: _____
What is the radius of your operations? _____ Miles
Does the company allow owners/employees to take company owned vehicles home or on personal business? Yes No
If yes, please describe: _____
Does the organization own or lease any vehicles that are not shown on the Vehicle Schedule of this survey? Yes No
If yes, please describe: _____

Automobile Liability

Current Automobile Liability Carrier: _____

Current Limit of Liability : \$ _____

Current Premium: \$ _____

Indicate Desired Limits Below:

\$ _____ Auto Liability Hired & Non-Owned Auto Liability Only (Please complete section below)

\$ _____ Medical Payments

\$ _____ PIP / No-Fault (Medical Expense Benefits – Applies Only in PA)

\$ _____ Additional PIP (Increased Medical Expense Benefits – Applies Only in PA)

\$ _____ Uninsured Motorists/ Underinsured Motorists B.I.

Stacking Non-Stacking (if applicable)

\$ _____ Uninsured Motorists/ Underinsured Motorists P.D.

Physical Damage Coverage

Please indicate the desired deductible for vehicles:

Comprehensive (ACV) \$500 \$1000 \$2000 \$3000 Other \$ _____

Collision (ACV) \$500 \$1000 \$2000 \$3000 Other \$ _____

Vehicle Schedule						
Veh No.	Year	Make, Model, Body Type	Cost New	VIN (Required)	GVW	Loc. No.
1.			\$			
2.			\$			
3.			\$			
4.			\$			
5.			\$			
6.			\$			
7.			\$			
8.			\$			
9.			\$			
10.			\$			

*If more than 10 vehicles, please attach Auto Acord Schedule.

*Cost New is required if Physical Damage Coverage is requested.

*Gross Vehicle Weight is Required

Additional Insured / Loss Payee

Do any of these vehicles require an Additional Insured or Loss Payee to be listed on the policy? Yes No

If yes, indicate the vehicle number and the name and address of the Additional Insured or Loss Payee:

Name & Address _____ Vehicle # _____ A.I. L.P.

Name & Address _____ Vehicle # _____ A.I. L.P.

Name & Address _____ Vehicle # _____ A.I. L.P.

Hired / Non-Owned Coverage

Hired / Borrowed Liability: State(s): _____ Cost of Hire: \$ _____ If Any Basis

Non-Owned Liability: State(s): _____ Group Type: Employees Number _____
 Partners Number _____

Hired Physical Damage: State(s): _____ # of Days: _____ # of Vehs: _____

Coverage: Comprehensive Deductible: _____
 Collision Deductible: _____

Do you or any of your employees use their own vehicles for company business? Yes No

If yes, please indicate for what purpose:

Delivery of Products Sales Other, please describe: _____

Driver Information

Does the organization check MVR's? Yes - all employees Yes - drivers only No

If yes, how often? _____

Does the company have written criteria for acceptable MVR's? Yes No

Do all drivers have a license commensurate with state or local law (CDL, etc.)? Yes No

Please describe the driver training program currently being used: _____

Does a file exist for each driver containing documentation for all of the above information? Yes No

What selection criteria are used to select new drivers? _____

Number of drivers currently employed: _____ Full time _____ Part time _____ Contract

Percent of driver turnover in the last twelve months: _____

Vehicle Maintenance

Vehicle maintenance procedures:

- | | | |
|---|------------------------------|-----------------------------|
| Are daily vehicle inspection reports completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are periodic maintenance checks done by a mechanic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are vehicle maintenance records kept? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the company employ its own mechanics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the company store or service the vehicles of others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Premium History

Please indicate the Total Account Premium for the past 3 years.

Carrier: _____ \$ _____
(current year)

Carrier: _____ \$ _____
(1st prior year)

Carrier: _____ \$ _____
(2nd prior year)

Submission Requirements

Attachments to this application **must** include the following:

- Four years currently valued, hard copy loss runs, including loss details and descriptions.
- A complete drivers list with driver names, license numbers, dates of birth and date of hire.
- Copies of motor vehicle reports for all drivers.
- Copies of all vehicle registrations.

A quotation will not be offered if the attachments are not included with the application.

Application Signatures & State Fraud Statements

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN FLORIDA - FLORIDA FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN IDAHO - IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA - INDIANA FRAUD STATEMENT

Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing any false, incomplete or misleading information commits a felony.

APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN LOUISIANA - LOUISIANA FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA - MINNESOTA FRAUD STATEMENT

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE - NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

New Jersey law requires us to give you the following notice: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO - NEW MEXICO FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

Other Than Automobile: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA - OKLAHOMA WARNING

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON - OREGON FRAUD STATEMENT

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PENNSYLVANIA - PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN UTAH - UTAH FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

APPLICABLE IN VERMONT – VERMONT FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA – VIRGINIA FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.

Insured's Signature _____ Date: _____

Name and title (please print): _____

Insurance Agent's Signature _____ Date: _____