



HOMED AUTO SUPPLEMENT

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General Information

Date of survey: _____ Insurance Renewal Date: _____ Date Proposal Needed: _____

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: _____

Telephone: _____ Fax: _____ 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 Auto 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 Vehicles: _____

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? Yes No

Are periodic maintenance checks done by a mechanic? Yes No

Are vehicle maintenance records kept? Yes No

Does the company employ its own mechanics? Yes No

Does the company store or service the vehicles of others? Yes 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