

SERVPRO® FRANCHISEE INSURANCE PROGRAM

Commercial Auto Insurance Quote Request

Fax Completed Form to 1-800-567-4028.

Or you may scan your form and email it to RRRGInsurance@aon.com.

Date: ____ / ____ / ____

Contact Information

Contact Name: _____

Franchise Name: _____ Franchise Number: _____

Mailing Address: _____

County: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

Date new coverage needs to be effective: ____ / ____ / ____

Describe Your Business

Legal Entity: Corporation LLC Partnership Individual

How many years has the applicant been in this line of work? ____ years

Year Business Started: _____

Gross Annual Receipts: \$ _____

Number of Employees: ____ Full Time ____ Part Time ____ Leased

Do you have subsidiaries? Yes No

Are there any other businesses that are owned or operated by you that are not to be covered by this policy? ... Yes No

If Yes, please tell us about them: _____

Does your business have any special vehicle types or other driving exposure? (i.e., scheduled autos, auto service/repair, recreational vehicles, etc.) Yes No

Does the business obtain MVR verifications? Yes No

Additional Business Information

Are all vehicles registered to the business? Yes No

Do any employees regularly use their personal auto in the business? (i.e., delivery service, sales calls, etc.) Yes No

Are any vehicles leased to others? Yes No

Are any vehicles customized, altered or specially equipped? Yes No

If Yes, please describe below. Value: \$ _____

Do you transport hazardous materials as defined by state or federal regulatory agencies? Yes No

Do you own or operate any vehicles that are not scheduled on this application? Yes No

Driver Information

Please list all drivers that are authorized to operate the franchisee vehicles. If more than six drivers, please copy form.

Driver: _____	Driver: _____
Date of Birth: _____	Date of Birth: _____
Gender: _____	Gender: _____
License State: _____	License State: _____
License Number: _____	License Number: _____
Licensed Driving Years of Experience: _____	Licensed Driving Years of Experience: _____
Driver: _____	Driver: _____
Date of Birth: _____	Date of Birth: _____
Gender: _____	Gender: _____
License State: _____	License State: _____
License Number: _____	License Number: _____
Licensed Driving Years of Experience: _____	Licensed Driving Years of Experience: _____
Driver: _____	Driver: _____
Date of Birth: _____	Date of Birth: _____
Gender: _____	Gender: _____
License State: _____	License State: _____
License Number: _____	License Number: _____
Licensed Driving Years of Experience: _____	Licensed Driving Years of Experience: _____

Risk Management Practices

Select your risk management practices:

- | | | |
|--|--|--|
| <input type="checkbox"/> Documented hiring practices
(employment application,
references, driving records, etc.) | <input type="checkbox"/> Drug testing | <input type="checkbox"/> Employee training programs |
| <input type="checkbox"/> Regular safety meetings | <input type="checkbox"/> Cell phone policy | <input type="checkbox"/> Vehicle maintenance program |

Current Insurance and Claims History

Current Auto Insurance Company: _____ Current Premium: \$ _____

Have you had any claims submitted to your insurance carrier in the last three years? Yes No

If Yes, please describe any losses in the last three years; including date of loss, \$ amount and details on a separate page.

Has any commercial auto policy been cancelled or non-renewed in the last five years? Yes No

Have you been involved in any lawsuits related to your business activities? Yes No

Have any judgments or liens been rendered against you? Yes No

For each line of business submitted with this application, do you have any other exposures that have not been identified? Yes No

Coverage Requested

Commercial Auto Liability Limit (if owner): \$1,000,000 minimum available

Deductible: *(Please choose one for each.)*

Comprehensive: \$500 \$1,000

Collision: \$1,000 \$1,500 \$2,500

Vehicle Details

Vehicle #1: Year: _____ Make: _____ Model: _____ VIN: _____

Vehicle #2: Year: _____ Make: _____ Model: _____ VIN: _____

Vehicle #3: Year: _____ Make: _____ Model: _____ VIN: _____

Vehicle #4: Year: _____ Make: _____ Model: _____ VIN: _____

Vehicle #5: Year: _____ Make: _____ Model: _____ VIN: _____

Vehicle #6: Year: _____ Make: _____ Model: _____ VIN: _____

Vehicle #7: Year: _____ Make: _____ Model: _____ VIN: _____

Vehicle #8: Year: _____ Make: _____ Model: _____ VIN: _____

Vehicle #9: Year: _____ Make: _____ Model: _____ VIN: _____

Vehicle #10: Year: _____ Make: _____ Model: _____ VIN: _____

If more than 10 vehicles, please copy form.

Signature: _____

When completed, fax to **1-800-567-4028**. Or you may scan your form and email it to **RRRGIInsurance@aon.com**. A representative will call you when your quote(s) are ready. Please make sure the phone number listed above is accurate.

The SERVPRO® Franchisee Insurance Program is administered by Aon Affinity, the preferred provider of insurance services to the SERVPRO® Franchise System.

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