



All submissions should be e-mailed to [quotes@aligngeneral.com](mailto:quotes@aligngeneral.com) or fax to (619) 593-2176 Telephone (619) 702-7022

Insured -  
 Producer Code -  
 Producer Name -

Requested Effective Date

**Applicant Section:**

Business Name				Years in Business			
dba, if any				Type of Business			
FEIN or SS #			Corporation	Partnership	Individual	Other	
Business Address				Mailing Address, if different			
City		State	Zip Code	City		State	Zip Code
Primary Contact		Telephone #		Fax #		E-mail	
Website Address							
Do you have a driver safety program?		Does Worker's Compensation Insurance cover your drivers?			Do you have a vehicle maintenance program?		
If your vehicles are subject to regulatory inspections by a city, county, or federal entity, please list the name of the agency and the frequency of inspections.							
Please list the cities or primary operating territory for the vehicles.						ISO Territory	

**Experience Rating Section\*:**

\*Experience Rating Information - Many of our programs use ISO experience rating, therefore it is very important to include all prior loss history whenever it is available to obtain the best available rate.

Policy Year	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Carrier Name					
Effective Date					
Expiration Date					
# of Vehicles					
Annual Premium					
Per Unit Pricing					
Total Claims Paid					
Loss Runs – Please check for each year that loss runs are included.					



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Check this box if you are attaching a schedule of vehicles to this application. However, please be sure to answer the questions for the vehicle section.

**Vehicle Section:**

	Cab #	Year	Make/Model	Vehicle Identification Number	Stated Amount*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

\*If physical damage coverage is required please list the desired amount of coverage in the stated amount column and choose one of the deductibles listed below. All deductibles must match.

Comprehensive and Collision Deductibles					
\$500	\$1,000	\$1,500	\$2,000	Other	

Check this box if you are attaching a schedule of drivers to this application. However, please be sure to answer the questions for the driver section.

**Drivers Section:**

	First Name	Middle Initial	Last Name	License #	State	Date of Birth
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

\*Do all drivers have at least 2 years of verifiable commercial driving experience? Yes  No



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<b>Additional Insured Section</b>				
Check this box if you are attaching a schedule of additional insureds, certificate holders or loss payees to this application. However, please be sure to indicate the type of notice and cancellation provisions for each type of notice.		Cancellation Provisions		Type of Notice (Please indicate the type of notice required)
		10 Days	30 Days	Certificate Insured    Additional Insured    Loss Payee
1	Name			
	Street Address	City	State	Zip
	Reason for Interest:			
2	Name			
	Street Address	City	State	Zip
	Reason for Interest:			
3	Name			
	Street Address	City	State	Zip
	Reason for Interest:			
4	Name			
	Street Address	City	State	Zip
	Reason for Interest:			
5	Name			
	Street Address	City	State	Zip
	Reason for Interest:			



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**Coverage Section:**

Type of Coverage	Limits Split limits = BI Per Person/Per Accident & PD Per Accident CSL = Combined Single Limit		Deductibles
Bodily Injury Liability & Property Damage			
Uninsured Motorist Bodily Injury			
Uninsured Motorist Property Damage			
Comprehensive and Collision	Stated Amount (see vehicle section)		(see vehicle section)
*Covered Auto Symbols default to symbol 7 for all applicable coverages.			
	(1) Any Auto (2) All Owned Autos (3) Owned Private Passenger Autos	(4) Owned Autos Other Than Private Passenger (5) All Owned Autos Which Require No-Fault Coverage (6) Owned Autos Subject To Compulsory U.M. Law	(7) Autos Specified on Schedule (8) Hired Autos (9) Non-Owned Autos
Notes:			

**Applicant's & Producer's Signature Section:**

A credit report or other investigative report about you may be requested in connection with this application for insurance and subsequent renewals. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write us at the address provided with your policy.

Any person who knowingly and with intent to defraud any 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 and subjects the person to criminal and civil penalties.

I understand and acknowledge that uninsured motorist bodily injury coverage (UMBI) has been offered to me, and that I have the options of selecting either UMBI limits lower than my bodily injury liability limits, or rejecting UMBI coverage entirely. If I have rejected UMBI coverage or selected UMBI limits lower than my bodily injury liability limits, I have also signed the California Auto Supplement, ACORD 61 CA.  
 In addition, I have been offered waiver of collision deductible. If this option is not indicated on this application, than I have rejected this option.

I understand that the coverage selection and limit choices indicated here or in any state supplement will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature	Date	Producer's Signature	Date
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