



## COMMERCIAL CHECKLIST

THESE ITEMS APPLY TO ALL RISKS

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Two Legible Copies of the Application (front and back)<br><input checked="" type="checkbox"/> Producer's Name, Address, Phone Number<br><input checked="" type="checkbox"/> Producer's Signature<br><input checked="" type="checkbox"/> Producer's System ID | <input checked="" type="checkbox"/> Applicant's Name, Address and Phone Number<br><input checked="" type="checkbox"/> Previous Insurance Carrier<br><input checked="" type="checkbox"/> Applicant's Signature<br><input checked="" type="checkbox"/> Deposit |
|--|--|

Required Information **	Other Than Zone Rated Autos	Zone Rated Autos		School, Church & Other Buses	Taxi	Limos *	Private Passenger Types	Registration or Dealer Plates	Hired Auto	ENOL		Non Fleet PPNF Owned by a Corp.
		Trucks, Tractors, Trailers	Public Auto							Intensified Retail Delivery	Social Service	
Year, Make, Model, VIN	X	X	X	X	X	X	X					X
Garaging Territory	X	X	X	X	X	X	X	X		X		X
Highest Rated Operating Territory or Zone			X	X	X	X						
Furthest Destination		X										
Coverages	X	X	X	X	X	X	X	X	X	X	X	X
Symbol/Age (with physical damage)												X
Original Cost New (with physical damage)	X	X	X	X	X	X	X					
Stated Amount					X							
Use	X	X	X	X								
Radius of Operation	X	X	X	X		X						
GVW/GCW	X	X										
Seating Capacity				X		X						
If Any Basis (Hired Autos)									X			
Full Time & Part Time Employees making deliveries										X		
Total Number of Employees										X	X	
Number of Plates								X				
Operator Information												X
<b>Required Forms</b>												
Vehicle Inspection Form (with physical damage)					X							X
Proof of Ownership	X	X	X	X	X	X	X					X

\* For Airport Limousine, use Other Buses column

\*\* Risks with State or Federal filings require:

- A cashier's check, money order or bank check;
- MC16-11 Form