

**Commercial Auto Application**



In addition to this Application, your underwriter will provide a state specific Auto Supplement for completion.

<b>Named Insured</b>	
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**1. Requested Limits and Deductibles**

**a. Liability Coverage**

Commercial Auto Liability Combined Single Limit	Uninsured Motorist/ Underinsured Motorist	Medical Payments	Personal Injury Protection/No Fault	Additional PIP/No Fault
\$	\$	\$	\$	\$

**b. Physical Damage Coverage**

Comprehensive and Collision coverages will apply to all vehicles unless exceptions are noted on the Vehicle Schedule.

Coverage	Selection				Requested Deductible
Comprehensive	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$
Collision	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	\$

**c. Other Coverage Options**

Rental Reimbursement*		Towing*				Full Glass*				Hired: cost of hire \$ ____ ++ Non-owned Auto: # of employees:			
Any One Day	No. of Days	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
\$		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

\*These options only apply to private passenger types. ++ A policy providing only Hired and Non-owned coverages is only available if you do not own any vehicles.

**2. Vehicle Schedule**

Complete the attached Vehicle Schedule on page 3. You may submit an updated schedule or report that incorporates the requested information.

**3. Use**

a. Do you have written procedures for the use of vehicles	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. How many of your vehicles are taken home at night				
c. Do you allow personal use of your PHA vehicles? If yes, explain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Housing Authority Insurance Group is a trade name for a family of affiliated companies which includes Housing Authority Risk Retention Group, Inc.; Housing Authority Property Insurance, A Mutual Company; Housing Authority Insurance Inc.; Housing Insurance Services, Inc.; Housing Telecommunications, Inc.; Satellite Telecommunications, Inc.; Housing Investment Group, Inc.; and Housing Enterprise Insurance Company, Inc.

**3. Use - continued**

d. Do you allow family use of your PHA vehicles? If yes, explain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**4. General Information**

a. Do you have any vehicles that are not included on the Vehicle Schedule? If yes, explain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Do you rent, lease or loan vehicles to others? If yes, explain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. Do any vehicles have customizations, alterations or special equipment? If yes, describe	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d. Do you have a preventative maintenance program	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e. Do you transport any persons other than tenants? If yes, explain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f. Do you have a formal accident investigation program	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
g. Do you have any police or security vehicles? If yes, identify on the Vehicle Schedule	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**5. Drivers**

a. Do you have written procedures for driver selection	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. Do you have written procedures for driver training	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c. Are any employees prohibited from driving? If yes, identify	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d. Do you obtain MVR verification for all drivers? If yes, how often	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**6. Catastrophe Management**

a. Describe contingency plans for relocation of vehicles in the event of an impending catastrophe	
b. Identify locations with 25 or more vehicles at one site:	
<b>Location Address</b>	<b>Number of Vehicles</b>
_____	_____
_____	_____
_____	_____

## VEHICLE SCHEDULE

(See Key Below)

Veh #	Garage Location	Year	Make/Model	VIN	Type	Use	Gross Vehicle Weight	Passenger Buses and Vans			Original Cost New	Indicate (X) if Coverage Does Not Apply to Vehicle
								# of Seats	Average Round Trip	Monthly Trip Frequency		

### Key

TYPE	Description of Vehicle Type	USE	Description of Use
BUS	Include mini-buses	PAS	Passenger
PPT	Private passenger type	POL	Police or security force
TRL	Trailer	SNO	Snow removal
TRK	Truck	SVC	Service or Maintenance
VAN	Van	OTHER	Specify:
OTHER	Specify:		

### Lien holders and Additional Interests

Veh. #	Name	Mailing Address	Interest	Certificate of Insurance