AGENCY CUSTOMER ID:	

ACORD®	BUSINESS AUTO SECTION						
AGENCY		CARRIER	-	NAIC CODE			
Atlas Insurance							
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		•			

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIVE	DRIVER INFORMATION ACORD 163 attached for additional drivers														
LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.															
DRIVER #	NAME CITY, STATE AND ZIP	CODE	Ī	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH#	% USE
	- , -														

* MARITAL STATUS / CIVIL UNION (if applicable)

G	E١	NEF	₹AL	INF	ORN	IAT	ON

EXPI	AIN ALI	L "YES" RESPONSES							Y/N
	1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?								
	VEH#	NAME OF OTHER OWNER		VEH#	NAME OF OTHER OWNER				
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed)									
3.	3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?								
4.	4. ARE ANY VEHICLES LEASED TO OTHERS?								
5.	ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Include customized v	/ans / pickups)						
	VEH#	DESCRIPTION	COST \$	VEH#	DESCRIPTION	\$	COST		
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)									
7.	7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?								

GENERAL INFORMATION (continued) Y/N **EXPLAIN ALL "YES" RESPONSES** 8. ANY HOLD HARMLESS AGREEMENTS? ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY. 9. 10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS? 11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD? 12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION? 13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION? 14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph. DRV # DATE (MM/DD/YYYY) TYPE PLACE (CITY, STATE) # YRS REV 15. HAS AGENT INSPECTED VEHICLES? 16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET? 17. DO YOU HAVE ELECTRONIC MONITORING DEVICES THAT RECORD AND TRANSMIT DATA IN ANY OF YOUR VEHICLES? % Please indicate how you utilize the devices (check all that apply): If "YES", what percentage of vehicles in your overall fleet are monitored (1 - 100%) MONITOR DRIVER SAFETY TRACK FUEL CONSUMPTION MONITOR VEHICLE MAINTENANCE MILEAGE TRACKING LOCATION TRACKING NAVIGATION Describe MAXIMUM DOLLAR VALUE SUBJECT TO LOSS **DESCRIPTION OF GARAGE / STORAGE LOCATIONS** \$ ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL LOSS PAYEE VEHICLE: LOCATION: INSURED EMPLOYEE OWNER AS LESSOR LENDER'S LOSS REGISTRANT PAYABLE LIENHOLDER REFERENCE / LOAN #: INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER ADDITIONAL INSURED EMPLOYEE LOSS PAYEE VEHICLE: LOCATION: OWNER AS LESSOR LENDER'S LOSS PAYABLE REGISTRANT LIENHOLDER REFERENCE / LOAN #: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID:

AGENCY CUSTOMER ID: VEHICLE DESCRIPTION ACORD 129 attached for additional vehicles VEH# COMP / OTC SYM COLL YEAR VEHICLE TYPE SYM / AGE MAKE: PP SPEC COML MODEL: V.I.N.: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING LIC STATE TERR GVW / GCW FACTOR SEAT CP FARTHEST TERMINAL **COST NEW** CLASS SIC **RADIUS** \$ CHECK COVERAGES ADD'L NO-FAULT RENT REIMB DEDUCTIBLES SPEC C OF USE FOR HIRE LSP COMM'L ACV COMP/ OTC TOWING & LABOR PLEASURE RETAIL FT FG LIAB MED PAY ST AMT UNINS MOTOR NO-SPEC C OF I FARM SERVICE FTW COLL COLL \$ FAULT NET VEH DR/CR: \$ DRIVE TO < 15 MILES 15 MILES + WORK / SCHOOL TOTAL PREM: BODY TYPE VEH# YEAR VEHICLE TYPE SYM / AGE MAKE: PP SPEC COML MODEL: V.I.N.: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS LIC STATE TERR GVW / GCW SIC **FACTOR** SEAT CP **FARTHEST TERMINAL** COST NEW CLASS CHECK COVERAGES USE COMM'L FOR HIRE ADD'L NO-FAULT UNDRINS MOTOR LSP RENT REIMB **DEDUCTIBLES** SPEC C OF I AC۱ COMP. OTC TOWING & LABOR **PLEASURE** RETAIL FT FG LIAB MED PAY ST AMT \$ FARM SERVICE NO-UNINS MOTOR SPEC C OF I FTW COLL COLL FAULT NET VEH DR/CR: DRIVE TO WORK / SCHOOL < 15 MILES 15 MILES + TOTAL PREM: \$ BODY TYPE: COLL YEAR VEHICLE TYPE SYM / AGE MAKE: MODEL: V.I.N.: PP SPEC COML STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS LIC STATE GVW / GCW FACTOR SEAT CP FARTHEST TERMINAL TERR CLASS RADIUS COST NEW SIC \$ CHECK COVERAGES RENT REIMB ADD'L NO-FAULT UNDRINS MOTOR DEDUCTIBLES SPEC C OF FOR HIRE USE COMM'L LSP ACV COMP/ OTC PLEASURE RETAIL TOWING & LABOR FG LIAB MED PAY ST AMT FARM SERVICE FTW COLL \$ COLL \$ FAULT | NET VEH DR/CR: DRIVE TO WORK / SCHOOL 15 MILES + < 15 MILES TOTAL PREM: \$ BODY TYPE: COMP / OTC SYM COLL VEH# YEAR VEHICLE TYPE SYM / AGE MAKE: PP SPEC COML MODEL: V.I.N.: STREET (Required in KY) CITY COUNTY STATE ZIP GARAGING ADDRESS TERR GVW / GCW CLASS SIC **FACTOR** SEAT CP RADIUS **FARTHEST TERMINAL COST NEW** CHECK COVERAGES RENT REIMB COMP FOR HIRE USE COMM'L ADD'L NO-FAULT UNDRINS MOTOR LSP **DEDUCTIBLES** SPEC C OF I AC\ TOWING & LABOR COMP. RETAIL **PLEASURE** LIAB MED PAY FT FG ST AMT \$ FARM SERVICE NO-UNINS FTW COLL COLL NET VEH DR/CR: < 15 MILES 15 MILES + WORK / SCHOOL TOTAL PREM: REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ACORD 127 (2015/12)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is quilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER