COMMERCIAL/TRUCKERS APPLICATION
GEORGIA AUTOMOBILE INSURANCE PLAN

EASi Reference # Transmission Date:

OFFICE USE ONLY – DO NOT WRITE OR ALTER INFORMATION IN THIS BLOCK

The Applicant should understand that this is an application for insurance to be written through the Georgia Automobile Insurance Plan, and the applicant may be able to obtain insurance coverage in the voluntary market by making inquiry of more than one source.

FOR PLAN USE ONLY
Postmark Date ____________
Effective Date ____________
Money: $ _________________
Initials: _________________

PRODUCER MUST READ THIS STATEMENT BEFORE PROCEEDING

Applicants requiring filings or limits in excess of $500,000 Combined Single Limits, will be subject to a 15 day delay in the effective date as stated in the Georgia Automobile Insurance Plan. Coverage under this application of automobile insurance for these specific applicants is to be effective for a period not to exceed 30 days from the effective date of coverage.

SECTION 1. PRODUCER OF RECORD

Producer Last Name/Agency Name	Producer First Name	MI

Mailing Address	Ste./Apt. No.	City	State	Zip Code

Tax ID or Social Security No.	Producer License No.	Telephone No. (incl. area code)	Fax No. (incl. area code)

SECTION 2. APPLICANT

Last Name	First Name	MI

DBA	Self Employed ☐ Yes ☐ No

Home Telephone No. (incl. area code)	Business Telephone No. (incl. area code)	Tax ID or Social Security No.

Street Address	Ste./Apt. No.	City	State	Zip Code

Headquarters Street Address (if different from above)	Ste./Apt. No.	City	State	Zip Code

Business of Applicant/Nature of Operation

SECTION 3. OWNERSHIP AND CONTROL OF APPLICANT'S ORGANIZATION

Named insured is a: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other ______________________________	State of Incorporation	Date of Incorporation	Date actual operations commenced

Management, Ownership and Control (List names of principals and also anyone with more than a 10% ownership interest.)

President	Date in Position	Percent Ownership
Vice President		
Secretary		
Treasurer		
General Manager		
Others		

List all affiliated companies

NOTE: For items where space is insufficient use Remarks Section.

SECTION 4. OPERATOR INFORMATION

(List all full-time, part-time, and all other operators that usually drive a vehicle.)

TOTAL OPERATORS

Last Name	First Name	MI	Birth Date Mo./Day/Yr.	Driver's License No.	State

For applicants with more than four operators, all additional operators must be listed on an AIP 3502 Supplemental Operator Schedule and mailed with the original application to the Plan.

SECTION 5. ACCIDENTS

Has applicant, or anyone who usually drives the applicant's vehicle(s), been involved, either as owner or operator, in ANY motor vehicle accident during the past THIRTY-SIX months? ☐ Yes ☐ No If "Yes", complete the following.

Name of Operator	Accident Date Mo./Day/Yr.	Accident Code*	Place of Accident		Bodily Injury or Death	Prop. Damage (incl. your own) Amount	Penalty Points
			City	State			
					☐ Yes ☐ No	$	
					☐ Yes ☐ No	$	
					☐ Yes ☐ No	$	
					☐ Yes ☐ No	$	

* Accident Codes
1. Applicant's motor vehicle lawfully parked.
2. Applicant reimbursed by or on behalf of person responsible for the accident or has judgement against such person.
3. Other person involved in accident was convicted. Applicant or operator was not convicted.
4. Damaged by "Hit and Run" driver and accident reported to police within 24 hours from time of accident.
5. Involved in accident in which only a first party Medical Coverage Claim was made.
6. Other type of accident - non-chargeable under provisions of the Plan. Describe accident in space provided.

SECTION 6. CONVICTIONS

Has the applicant or anyone who usually drives the applicant's vehicle(s) been **CONVICTED or FORFEITED BAIL** at any time during the immediately preceding THIRTY-SIX months? NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.
Convicted: ☐ Yes ☐ No Forfeited Bail ☐ Yes ☐ No If "Yes", for either item, complete the following:

Name of Operator	Date of Conviction or bail forfeiture Mo./Day/Yr.	Did Conviction Arise as a Result of an Accident?	Nature of Conviction	Place of Conviction		Penalty Points	Was License Suspended or Revoked?
				City	State		
		☐ Yes ☐ No					☐ Yes ☐ No
		☐ Yes ☐ No					☐ Yes ☐ No
		☐ Yes ☐ No					☐ Yes ☐ No
		☐ Yes ☐ No					☐ Yes ☐ No

SECTION 7. COMMODITIES TRANSPORTED

Identify any hazardous materials, waste or substances being hauled.

Identify radius of operations.

Identify routes - fixed and occasional (both outgoing and return).

Trips From Place of Origin To Place of Destination	% of Revenues	No. per Month	Principal Cities entered	Commodities Carried

NOTE: For items where space is insufficient use Remarks Section.

SECTION 8. GROSS RECEIPTS

(Required for Motor Carriers of Property or Passengers whether or not the policy is to be written on Gross Receipts basis.)

Gross Receipts	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Other than Truckers	$	$	$	$	$
Truckers excluding receipts from trip leased equipment	$	$	$	$	$

SECTION 9. VEHICLE INFORMATION AND USE

For long distance, list cities in which vehicles operate. **TOTAL VEHICLES**

Veh. No.										
	Year	Vehicle Identification No.	Load Capacity (2)	Type of Registration	Gross Vehicle Weight (GVW) Trucks only			Purpose of Use (P or B) (S-R-C)	Seating Capacity	Loss Payee Name
	Trade Name/ Model No.	Garage Location (Town/State)	State of Registration	Rating Classification	Gross Comb. Weight (GCW) Trucks-Tractors only			Bus. Rad. (L-I-LD)	Tank Capacity	Loss Payee Address
	Type (1)	Name of Registered Owner of Vehicle	Rating Territory (3)	Orig. Cost New (4)	Comp. Symbol	Coll. Symbol	Size (L-M-H-EH)	Spec. Industry (T-FD-SD-WD-F-DTM-AO)	Final Rating	Loss Payee City, State, Zip Code
	Where vehicle is permitted to operate			List all cities through and in which vehicles operate						
Veh. 1										
Veh. 2										
Veh. 3										
Veh. 4										
Veh. 5										

(1) Type - Truck=T, Truck-Tractor=TT, Trailer=TR, Semi-Trailer=ST, Public Auto=PA
(2) Truck-Type vehicles with Private Passenger or Combination registration and load capacities of 1500 pounds or less are eligible for Basic Reparations Benefits coverage.
(3) For public automobiles, use the highest rated territory where the vehicles pick up or discharge passengers.
(4) Chassis and Body including Special Equipment.

For applicants with more than five vehicles, all additional vehicles must be listed on an Supplemental Vehicle Schedule and mailed with the original application to the Plan.

NOTE: For items where space is insufficient use Remarks Section.

SECTION 10.a. COVERAGES AND PREMIUMS (As provided by the Rules of the Plan.)					
All vehicles written under the same policy shall have the same Limits of Liability. Check appropriate boxes to indicate limits/deductibles.	Vehicle 1 Est. Prem.	Vehicle 2 Est. Prem.	Vehicle 3 Est. Prem.	Vehicle 4 Est. Prem.	Vehicle 5 Est. Prem.
Combined Single Limits of Liability ☐ $75,000 ☐ $125,000 ☐ $150,000 ☐ $325,000 ☐ $350,000 ☐ Other ________________(as required by state or federal law)					
Uninsured Motorists ☐ $75,000 ☐ $125,000 ☐ $150,000 ☐ $325,000 ☐ $350,000 ☐ Other ________________(as required by state or federal law) Subject to Property Damage ☐ $500 deductible ☐ $1,000 deductible					
In keeping with the provisions of the laws of the State of Georgia I/we hereby request that the designated insurer proceed as indicated as respects uninsured motorists bodily injury/property damage coverage. ☐ I/We reject UM coverage entirely - protection for bodily injury and protection for property damage caused by an uninsured or an unidentified motorist. ☐ I/We reject UM coverage added on to at – fault liability limits and elect UM coverage reduced by at–fault liability limits. ☐ I/We elect coverage for protection for bodily injury and property damage caused by an uninsured or an unidentified motorist with Limits of Liability of $_________ and reject all higher limits. It is understood that if I/we reject Uninsured Motorists coverage as indicated above, the rejection applies on a continuing basis to policy renewals, policy replacement and additional or replacement vehicle(s) insured under this policy or subsequently issued policies. Coverage may be added at any time by completing a Policy Change Request form. _____________________________________ **APPLICANT'S SIGNATURE/DATE**					
If UM is accepted, all applicants must read and sign the GA UM Coverage Notice 01.09 (Eff. 01.01.2009) – found at https://www.aipso.com/PlanSites/Georgia.aspx. This notice must be submitted with this application.					
Medical Payments Coverage ☐ $1,000 ☐ $2,000 ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ $50,000					
Physical Damage - Comprehensive - Deductibles $250 $500 $1,000 Veh. 1 _______ Veh. 2 _______ Veh. 3 _______ Veh. 4 _______ Veh. 5_______					
Physical Damage - Collision - Deductibles $250 $500 $1,000 Veh. 1 _______ Veh. 2 _______ Veh. 3 _______ Veh. 4 _______ Veh. 5_______					
Loss of Use					
Pollution Liability Coverage					
Estimated Total Premium per vehicle	$	$	$	$	$
Total Estimated Premium for vehicles 1 - 5					
Total Estimated Premium for supplemental vehicles					
Nonowned Auto Liability Coverage – (Complete Section 10.b. if requested)					
Hired Car Coverage – (Complete Section 10.c. if requested)					
Drive Other Car Coverage – (Complete Section 10.e. if requested) Number of individuals to be covered: _____					
Registration Plates Not Issued for a Specific Auto (Non-Auto Dealer Risks) Number of Sets of Plates: _____ ☐ $75,000 ☐ $125,000 ☐ $150,000 ☐ $325,000 ☐ $350,000 ☐ Other ________________(as required by state or federal law)					
Partnership as the Named Insured Non-Ownership Liability Number of active and inactive partners: _____					
Hired and Nonowned Auto Coverage for Messenger/Courier Operations (Complete Section 10.d. if requested)					
Registration Plates Not Issued for a Specific Auto (Auto Dealer Risks) – (Complete Section 14.a. if requested) Number of Sets of Plates: Dealers _______ Repairer _______ Transporter _______ Other _______ ☐ $75,000 ☐ $125,000 ☐ $150,000 ☐ $325,000 ☐ $350,000 ☐ Other ___________(as required by state or federal law)					
Elevators/Escalators – (Complete Section 14.a. if requested) Include inspection charge in premium.					
Dealers – (Complete Section 14.b. if requested)					
Auto and Trailer Dealers – (Complete Section 14.a. if requested)					
Total Estimated Premium for all vehicles and all coverages					$

NOTE: For items where space is insufficient use Remarks Section.

SECTION 10.b. NONOWNED AUTO LIABILITY COVERAGE

Total No. Employees:	What % of the applicant's employees operates their vehicles in the business?	PREPARED FOOD DELIVERY SERVICE ⇨	Estimated total delivery sales:

Are any other vehicles owned by the Applicant? ☐ Yes ☐ No If "Yes" complete the following.		Are any vehicles hauling exclusively for one firm/carrier? ☐ Yes ☐ No If "Yes", complete the following.
Name of Insurance Company	Policy No.	Name of Firm/Carrier
Address of Insurance Company		Type of Business

Description of any owned, leased, hired, and non-owned vehicles, which are *not* to be insured.

Year	Trade Make	Body Type	Vehicle Identification No.

SECTION 10.c HIRED CAR COVERAGE

☐ Check here if desired.	Estimated Annual Cost of Hire	Rates Per $100	Estimated Premium
		B.I. and P.D.	B.I. and P.D.

SECTION 10.d. COST OF HIRE COVERAGE

	Current Year	**1st Prior Year**	**2nd Prior Year**	**3rd Prior Year**	**4th Prior Year**
Indicate the total cost of Hire including wages, for automobiles leased or hired on a long-term basis and specifically insured by applicant as an owned automobile.	**$**	**$**	**$**	**$**	**$**
Indicate the total cost of Hire including wages for automobiles, which are not specifically insured by the applicant as an owned automobile (Minimum $ 60,000.00/yr. Per vehicle)	**$**	**$**	**$**	**$**	**$**
Represents Total Long and Short Term Cost of Hire	**$**	**$**	**$**	**$**	**$**

SECTION 10.e. DRIVE OTHER CAR COVERAGE **(For Non-Owned Automobiles)**

Name of Individual(s)	

SECTION 10.f. WAIVER OF SUBROGATION

Does applicant require a Waiver of Subrogation to fulfill a contractual agreement? ☐ Yes ☐ No

Name(s) and Address(es) of Person(s) or Organization(s) Requiring Waiver of Subrogation:

SECTION 11. FILINGS OR CERTIFICATES **(If filings are required, premium or deposit must be made in the form of a cashiers check or money order.)**

Is filing or specific limit(s) of liability needed? ☐ Yes ☐ No If "Yes" to comply with:
☐ Motor Carrier Act of 1980 Type: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Bus Regulatory Act of 1982 ☐ ICC Regulation - Docket No. ___________
☐ State Regulation ☐ U. S. DOT No. ___________
If block(s) are checked, list state(s) requiring filings or limits of liability required by state or federal law.

Is applicant required to file evidence of financial responsibility? ☐ Yes ☐ No If "Yes", complete the following.

Last Name	First Name	MI	Tax ID or Social Security No.

Type of Filing ☐ Owner's (operation of owned vehicles) ☐ Operator's (operation of non-owned vehicles) ☐ Both

State(s) where Filing required	Case or File No.	Reason for Filing

 NOTE: For items where space is insufficient use Remarks Section.

SECTION 12. PAYMENT PLANS

☐ Option 1 - Full Annual Premium ☐ Option 2 – Advanced Premium Payment Option (Minimum Deposit Per Plan Rules Balance 30 Days after policy issued) * ☐ Option 3 - Gross Receipts Pay Plan (as per Plan Rules) ☐ Premium to be Financed – Name of Premium Finance Company** ____	Payment by: ☐ Check ☐ Cashier's Check ☐ Money Order ☐ Premium Finance Check	Check No.
	Total Estimated Premium	$
	Amount Submitted with Application	$

** Not Available on Premium Financed Policies.* ** Not Available for SR-22.* *** Attach a copy of Premium Finance contract.*

SECTION 13. PREVIOUS AUTOMOBILE INSURANCE CARRIER

Information for the past three years. (If a fleet, information for the past five years required.) Attach loss statements from previous carrier.

Name of latest carrier	Policy No.	Termination date

Was coverage through Plan? ☐ Yes ☐ No	If "Yes", give reason terminated.

Complete the following for Carriers of property and passengers.

Year	Policy No.	Policy Period From	To	Name of Insurance Company
1st Prior				
2nd Prior				
3rd Prior				
4th Prior				

SECTION 14. AUTO DEALER INFORMATION

Complete Sections 14.a. and 14.b. only if Auto Dealer Coverage is being applied for.

SECTION 14. a. AUTO OR TRAILER DEALERS

(List vehicles in Section 9 of this application.)

Location	
1	
2	
3	

Does the applicant rent automobiles to customers while such customer's automobiles are temporarily left with the applicant for service, repair or sale?
☐ Yes ☐ No

Elevators/Escalators	No. of Passenger Elevators	No. of All other Elevators	No. of escalators
	No. of landings	No. of landings	No. of landings

SECTION 14. b. DEALERS

Location	CLASS I No. of Employees				CLASS II No. of Non Employees	
	Regular		All Other		Under the Age of 25	All Other
	Full Time	Part Time	Full Time	Part Time		
1						
2						
3						

No. of autos owned by applicant other than those being held for sale. Commercial ______ Private Passenger ______ Motorcycle ______

Does applicant, if a non-franchised dealer, pick up or deliver automobiles beyond a 50mile radius? ☐ Yes ☐ No
No. of trips 51-200 miles _________ No. of trips over 200 miles ________

Does applicant engage in "drive-away" operations? ☐ Yes ☐ No

Schedule of automobiles furnished to someone other than a "Class I or Class II" operator. List individual or organization to whom such autos are furnished and the number of furnished for each below.

Name and Address of person/organization	Occupation	No. of Autos	Vehicle Description

Deposit Premium $

NOTE: For items where space is insufficient use Remarks Section.

SECTION 15. EVIDENCE OF INSURANCE AND REQUESTED EFFECTIVE DATE OF COVERAGE

This application shall be evidence of temporary insurance subject to the following conditions:

1. The application must be fully completed and duly executed.
2. Specific applicants requiring filings or a limit of liability in excess of $500,000 CSL, will be subject to a 15 day delay in the effective date as stated in the Georgia Automobile Insurance Plan. Coverage under this application of automobile insurance is to be effective for a period not to exceed 30 days from the effective date established by the Automobile Insurance Plan. Within such 30 day period coverages under this application of automobile insurance will terminate immediately upon: (a) The issuance of the policy applied for, (b) The issuance of any policy affording similar insurance, or (c) The cancellation of the coverages of insurance afforded hereunder in accordance with the rules of the Georgia Automobile Insurance Plan.
3. A premium charge will be made in accordance with the Plan for these coverages if the policy is not accepted.
4. The insurance afforded hereunder shall be subject to all the terms and conditions of the Plan and the policy form prescribed for use.
5. The Producer of Record must forward this application to the Plan no later than the first working day after the application is written.

NOTE: In the event there is no U.S. postmark (a metered mail postmark, electronic stamp, or other postage service or stamp are not considered a U.S. postmark), coverage will become effective no earlier than 12:01 a.m. on the day of receipt by the Plan.

Requested Effective Date and Time: ______________________________ Example: 08/01/2016 11:30 AM	**IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS APPLICATION.**

SECTION 16. PRODUCER OF RECORD STATEMENT

I do hereby certify that I am a licensed broker/agent of the State of Georgia. I have read the Georgia Automobile Insurance Plan, have explained the provisions to the applicant, and have included in this application all required information given to me by the applicant. In the event of cancellation or a policy change resulting in a reduction of premium, I agree to return any compensation that has been paid, which is in excess of the compensation due on the earned premium received by the company. I certify this application is submitted pursuant to the effective date provisions contained in the Automobile Insurance Plan of this state.

Producer Must Submit-Gross Premium and Not Withhold Commission.

PRODUCER CANNOT BIND COVERAGE

My signature hereon represents certification of the Producer of Record Statement AND I certify this application is submitted pursuant to the effective date provisions contained in the Georgia Automobile Insurance Plan

____ (A copy of the current producer's license must be attached.)
(Print Producer's Name)

____ Date: ______________________________ Hour: __________ ☐ A.M. ☐ P.M.
(Producer's Signature)

SECTION 17. APPLICANT'S STATEMENT — IMPORTANT: READ CAREFULLY BEFORE SIGNING

I, declare and certify that:

1. I have tried and failed to obtain automobile insurance in this state within the preceding 60 days and have been unable to obtain such insurance through ordinary methods.
2. To the best of my knowledge and belief all statements contained in this application are true and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.
3. I realize that any misleading information or failure to disclose required information will be considered lack of good faith on my part and may cause cancellation of my coverage.
4. I hereby agree to pay all premiums when due.
5. I hereby certify that I do not owe any insurance company for automobile premiums due or contracted during the immediately preceding 12 months.
6. I designate as producer of record for this insurance the producer or firm named in this application and I understand he/she is not acting as a Producer of the Automobile Insurance Plan or any carrier for the purposes of this insurance.
7. I understand that the premiums shown on this application are estimated premiums. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.
8. I understand that I am not eligible for coverage under the Georgia Automobile Insurance Plan, if I have had no traffic offenses or claims based on fault for the prior three years, unless I was unable to procure a policy through ordinary methods.

Companies which have declined coverage are:

Reason for which coverage was declined:

AUTHORIZATION FOR DRIVER'S OPERATING RECORDS: I hereby authorize the prospective insurer to obtain from the Georgia Department of Public Safety a copy of my Motor Vehicle Report for the use in rating and/or underwriting the insurance for which I do hereby apply, and any renewal thereof. I understand that in obtaining a Motor Vehicle Report a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the drivers named in Section 4. of this application have authorized me to consent on their/his/her behalf for the insurer to obtain Motor Vehicle Report(s) for rating and/or underwriting.

I am aware that I am applying for insurance through the Georgia Automobile Insurance Plan and I understand that I am not covered immediately for insurance.

____ Date: ______________________________ Hour: __________ ☐ A.M. ☐ P.M.
(Applicant's Signature)

NOTE: For items where space is insufficient use Remarks Section.

FRAUD WARNING

A person commits a fraudulent insurance act if he or she 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, or a claim for payment or other benefit pursuant to an insurance policy, which he or she knows to contain materially false information concerning any fact material thereto or if he or she conceals, for the purpose of misleading another, information concerning any fact material thereto.

NOTICE TO APPLICANT AND PRODUCER

In the event acknowledgement of coverage is not received within 30 days, notify the Plan, P.O. Box 6530, Providence, Rhode Island 02940-6530.

FAIR CREDIT REPORTING ACT NOTICE

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

MAILING INFORMATION

Send original application with check, money order, (Financial Responsibility Filings require a cashier's check or money order) and required attachments to:

Georgia Automobile Insurance Plan
P.O. Box 6530
Providence, Rhode Island 02940-6530

REMARKS SECTION

NOTE: For items where space is insufficient use Remarks Section.