



**TEXAS  
BUSINESS AUTO  
INSURANCE APPLICATION**

Entire application must be completed and signed

<b>GENERAL INFORMATION</b>		<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					
Name _____				Federal ID # or SSN _____			
Mailing Address _____					Yrs. Business Has Been Owned _____		
City _____	State _____	Zip _____	E-Mail _____		Date Coverage Desired: FROM _____ TO _____		
Garaging Location(s) if different: _____		City _____	State _____	Zip _____	Phone ( ) _____		
Loss Control Services Contact Person: Name: _____ Phone Number: _____							

**OPERATIONS**

Description of business operations (Provide specific details on type of business and use of vehicles.)

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**Metro Areas Traveled Through or Into**

<input type="checkbox"/> Atlanta	<input type="checkbox"/> Chicago	<input type="checkbox"/> Detroit	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Miami	<input type="checkbox"/> New York City	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Balt-Washington	<input type="checkbox"/> Cincinnati	<input type="checkbox"/> Hartford	<input type="checkbox"/> Little Rock	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Oklahoma City	<input type="checkbox"/> Portland	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Boston	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Houston	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Mpls./St. Paul	<input type="checkbox"/> Omaha	<input type="checkbox"/> Richmond	<input type="checkbox"/> _____
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Dallas/Ft. Worth	<input type="checkbox"/> Indianapolis	<input type="checkbox"/> Louisville	<input type="checkbox"/> Nashville	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> St. Louis	<input type="checkbox"/> _____
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Denver	<input type="checkbox"/> Jacksonville	<input type="checkbox"/> Memphis	<input type="checkbox"/> New Orleans	<input type="checkbox"/> Phoenix	<input type="checkbox"/> Salt Lake City	<input type="checkbox"/> _____

List all other states into which your vehicles are operated: \_\_\_\_\_

<b>YES</b>	<b>NO</b>	
<input type="checkbox"/>	<input type="checkbox"/>	1. Is there "for hire" use of vehicles? If yes, explain. _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Are filings required? If yes, complete form N-710, Filing Information. _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Do you lease or hire equipment from others? If yes, is it: <input type="checkbox"/> Permanently Leased? <input type="checkbox"/> Trip Leased?
<input type="checkbox"/>	<input type="checkbox"/>	a. If permanently leased, is it scheduled on this application?
<input type="checkbox"/>	<input type="checkbox"/>	b. If permanently leased, are autos hired with drivers?
<input type="checkbox"/>	<input type="checkbox"/>	c. If trip leased, complete form N3330 (Hired Supplement).
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you rent or lease your vehicle to others? If yes, who must provide the primary insurance? <input type="checkbox"/> You <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	5. Any personal use of the vehicles? If yes, provide percentage (%) and details _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Are all commercially owned and operated units listed? If no, please explain. _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Are all units owned by you? If no, please explain. _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Are all units registered in garaging location state? If no, please explain. _____
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you agree to promptly report all new drivers?
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you operate any mobile equipment subject to compulsory or financial responsibility law or other motor vehicle insurance in the state where it is licensed or principally garaged? If yes, and need Liability Coverage, complete N467.
<input type="checkbox"/>	<input type="checkbox"/>	11. Is any vehicle modified or specially equipped? If yes, please explain modifications and purpose. _____
<input type="checkbox"/>	<input type="checkbox"/>	12. Do any vehicles have a boom attached exceeding 60 feet in length? If yes, complete N3372.
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you adhere to a hiring/training/safety program? If yes, describe or attach program. _____
<input type="checkbox"/>	<input type="checkbox"/>	14. Do you adhere to a vehicles inspection/maintenance program? If yes, describe or attach program. _____



**COVERAGES**

**LIABILITY**

Limits: Combined (BI/PD) CSL: \$ \_\_\_\_\_ each accident OR Bodily Injury \$ \_\_\_\_\_ per person \$ \_\_\_\_\_ each accident  
Property Damage \$ \_\_\_\_\_ each accident

- Hired Auto Liability – Estimated cost of hire \$ \_\_\_\_\_ (Complete N3330)
- Non-Owned Auto Coverage - # of employees \_\_\_\_\_ (Complete N3414)
- Medical Payments Limit: \_\_\_\_\_

**PHYSICAL DAMAGE**

Use "Schedule of Autos" section to indicate Stated Value and applicable deductible for autos with Physical Damage Coverage.

**CARGO**

Limit \$ \_\_\_\_\_  
Deductible \$ \_\_\_\_\_

Description \_\_\_\_\_

**UNINSURED/UNDERINSURED MOTORIST OPTION**

- Uninsured Motorist Limits: \_\_\_\_\_
- Underinsured Motorist Limits: \_\_\_\_\_

Coverage and limit choices in this section are for quoting purposes only. Please note that a separate Supplemental Uninsured Motorist/Underinsured Motorist Application must be completed and signed by the applicant when binding coverage.

**PERSONAL INJURY PROTECTION**

Personal Injury Protection Coverage in the amount of \$2,502 is automatically included on all autos unless a signed rejection of coverage is received (N-3592) or an amount higher than \$2,502 is selected.

Optional PIP Limit: \$ \_\_\_\_\_

**PROXY STATEMENT AND POWER TO VOTE**

As a member policyholder, I agree to be bound by the Constitution and By-Laws of Southern County Mutual Insurance Company (SCM), a non-assessable mutual company. I authorize the President of SCM and his successors, to act as my proxy and attorney-in-fact in exercising voting privileges at any membership meeting during the term of this policy and my renewal or replacement policy.

Signed: Applicant  \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

**SIGNATURES**

I authorize Southern County Mutual Insurance Company to obtain a copy of any Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.

**Disclosure:** In connection with this application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of the insurance score. Your credit report/credit-based insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied.

**Under no circumstances can the credit-based insurance score, the lack thereof, or the refusal to authorize the obtaining of a credit report or a credit-based insurance score be a factor in determining your eligibility for commercial automobile insurance, including cancellation or nonrenewal, if a policy is ultimately issued.**

I authorize the underwriting insurer to obtain a credit report, including but not limited to a credit-based insurance score based on personal information provided. This authorization is valid for future reports obtained for renewal policies.

I hereby certify and agree that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as they are known to me, and are hereby made as the basis and condition of the insurance. 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. By signing below, I affirm full knowledge of an adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S TITLE

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
PRODUCER'S SIGNATURE

**Texas Disclosure Statement**

I, \_\_\_\_\_, the Producing Agent, am a general lines agent licensed by the Texas Department of Insurance. However, I am not authorized to bind coverage or to execute or issue a policy for the coverage you are seeking in this application. Another licensed agent appointed by Southern County Mutual Insurance Company will perform these activities. In preparing your application, collecting and remitting premium and delivering any policy or endorsement associated with your coverage, I am considered to be your agent and not the agent of Southern County Mutual Insurance Company for any purpose.

**Are you the producer currently writing this risk?**  Yes  No

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Agent Name, Address & Phone

\_\_\_\_\_  
Date