



New America Insurance P.O. Box 366 Avon OH. 44011

APPLICANT INFORMATION

BUSINESS NAME				<input type="checkbox"/> dba	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
OWNERS NAME			<input type="checkbox"/> I OWN THIS BUSINESS NAME	<input type="checkbox"/> I DO NOT OWN THIS NAME.		
Address			City	State	Zip	
Work phone	Cell	FAX				
REQUESTED POLICY EFFECTIVE DATE	<input type="text"/>	ANNUAL POLICY	Years in Business	<input type="text"/>	FEIN or Soc. Sec. #	<input type="text"/>

ALL AUTOS MUST BE LISTED AND INSURED If collision coverage desired put \$ Value

Year	Make / Model/Seating	Identification Number	Drivers Name	License #	DOB
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Yes <input type="checkbox"/> Do you have a vehicle maintenance program.	Yes <input type="checkbox"/> Are Driving Records obtained prior to hiring?	Yes <input type="checkbox"/> Drivers Covered by W/C
<input type="checkbox"/> Are all vehicles inspected? By whom:	<input type="checkbox"/> Any Drivers under 25 or over 70?	

COVERAGES **ACTUAL COVERAGES MAY DIFFER FROM THIS APPLICATION**

<input type="checkbox"/> Bodily Injury & Property Damage Liability	Limits of Liability	<input type="checkbox"/> BI & PD combined	TERRITORY of <input type="text"/> Operating Area
<input type="checkbox"/> Uninsured Motorists	Deductible	NOTES	
<input type="checkbox"/> Underinsured Motorists			
<input type="checkbox"/> Collision & Comprehensive			

REQUIRED INFORMATION **PREMIUM AND LOSS HISTORY AFFIDAVIT**

Policy Year	2012	2011	2010	2009
Prior Insurance Company				
Policy Number				
# of Vehicles				
Annual Premium				
Total CLAIMS Amount (\$)				
<input type="checkbox"/> Loss Runs Attached				

CERTIFICATE OF INSURANCE REQUEST

Cancellation Provisions 10 DAYS 30 DAYS CERTIFICATE OF INSURANCE ADDITIONAL INSURED LOSS PAYEE

NAME _____ ADDRESS _____ CITY, ST., ZIP _____
 NAME _____ ADDRESS _____ CITY, ST., ZIP _____

Applicants Signature Coverage is not bound by signing this

The undersigned declared that to the best of their knowledge the premiums and loss history above are true. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information or conceals for the purpose of misleading information, commits fraudulent act, which is a crime and jeopardizes coverage's for occurrences that may otherwise be covered.