

**COMMERCIAL APPLICATION  
CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN**

**NOTICE: PRODUCER MUST READ THIS STATEMENT BEFORE PROCEEDING**

**IMPORTANT NOTICE**

**This policy is not effective until your application is electronically transmitted to the Plan by your agent or broker. The following conditions must also be met: (1) Both you and your agent or broker must sign and date a properly completed application. (2) Your agent or broker must mail your application to the Plan within two days of its completion. You may request that your agent or broker transmit the documents in your presence to ensure immediate coverage, provided the above requirements are met. If the above requirements are not met, your coverage will take effect the day after the Plan office receives your application. You may request that your agent or broker notify you when your coverage is effective.**

**SECTION 1. PRODUCER OF RECORD**

Producer Last Name/Agency Name		Producer First Name		MI
Producer DBA Name				
Mailing Address		Ste./Apt. #	City	State Zip Code
Tax ID or SS #	Producer License #	Telephone # (inc. area code)		Fax # (inc. area code)

**SECTION 2. SIGNING PRODUCER**

**(If the producer completing and signing this application is the producer of record, indicate SAME.)**

Last Name	First Name	MI	Signing Producer License #
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**SECTION 3. APPLICANT NAME**

Last Name		First Name		MI
DBA Name			Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Ste./Apt. #	City	State Zip Code
Mailing Address		Ste./Apt. #	City	State Zip Code
Home Telephone # (inc. area code)		Business Telephone # (inc. area code)		Tax ID or SS #
Business of Applicant/Nature of Operation			Headquarters of Operation	

**SECTION 4. OWNERSHIP AND CONTROL OF APPLICANT'S ORGANIZATION**

Named insured is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____		State of Incorporation	Date of Incorporation	Date actual operations commenced
Management, Ownership and Control (List names of principals and anyone with more than a 10% ownership interest.)			Date in Position	Percent Ownership
President:				
Vice President:				
Secretary:				
Treasurer:				
General Manager:				
Others:				
List all affiliated companies:				

**Send original, signed application with check/money order and required attachments to:**

California Automobile Assigned Risk Plan  
PO Box 7917  
San Francisco, CA 94120-7917

SECTION 5. OPERATOR INFORMATION		List all full-time, part-time, and any other operator that usually drives a vehicle.			TOTAL NO of OPERATORS:		
Last Name	First Name	MI	Birth Date MM/DD/YY	Driver's License #	State		
Are there any principal operators 55 years of age or older who have successfully completed a Mature Driver Improvement Course approved by the California DMV? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" attach a copy of the certificate attesting to such successful completion.							
<b>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.</b>							
SECTION 6. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following.							
Name of Operator	Accident Date MM/DD/YY	Code*	Place of Accident		Bodily Injury or Death	Prop. Damage (incl. your own) Amount	Penalty Points
			City	State			
					<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	\$	
*Accident Codes 1. Applicant's motor vehicle lawfully parked. 2. Damaged by "Hit and Run" driver and accident reported to police within 24 hours from time of accident. 3. Applicant reimbursed by or on behalf of person responsible for the accident or has judgment against such person. 4. Other person involved in accident was convicted. Applicant or operator was not convicted. 5. Police or Fire Department or First Aid Squad responding to an emergency call. 6. Other type of accident - non-chargeable under provisions of the Plan. Describe accident in space provided below.							
SECTION 7. CONVICTIONS							
Has the applicant or anyone who usually drives the applicant's vehicle(s) been <b>CONVICTED or FORFEITED BAIL</b> at any time during the immediately preceding THIRTY-SIX months? Convicted <input type="checkbox"/> Yes <input type="checkbox"/> No Forfeited Bail <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for either item, complete the following. NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.							
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		
		<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"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 8. COMMODITIES TRANSPORTED							
Specify goods transported in all vehicles:							
Identify any hazardous materials, waste or substances being hauled:							
Identify radius of operations. Number of straight-line, air miles from garaging to furthest destination to which vehicle travels in one direction. Include the % of trips in each radius class (Must equal 100%).							
0 – 50 Miles _____%      51 – 200 Miles _____%      201 + Miles _____%							
Routes (both outgoing and return):							
Trips From Place of Origin To Place of Destination	% of Revenues	# of Trips per Vehicle per Month	Principal Cities entered		Commodities Carried		

SECTION 9. VEHICLE INFORMATION AND USE				For long distance, list cities in which vehicles operate				TOTAL VEHICLES
V e h i c l e #	Year	Vehicle Identification #	Load Capacity (2)	Type of Registration	Gross Vehicle Weight (GVW) TRUCKS ONLY	Spec Industry (M-T-FD-SD-WD-F-D-C-L-O)	Seating Capacity	Loss Payee Name
	Trade Name Model #	Garage Location (City/State/Zip Code)	State of Registration	Rating Classification	Gross Comb. Weight (GCW) Trucks-Tractors only	For Size 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) or Rating Symbol	Size (L-M-H-EH-HT-EHT)	Final Rating	How veh. is licensed	Loss Payee City, State, Zip Code
	Where vehicle is permitted to operate.			List all cities through and in which vehicles operate.				
V e h 1								
V e h 2								
V e h 3								
V e h 4								
V e h 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 pound or less are eligible for Basic Reparatons 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 a Supplemental Vehicle Schedule and mailed with the original application to the Plan.**

**SECTION 10. 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.
Bodily Injury/Property Damage Combined (CSL) _____					
Bodily Injury <input type="checkbox"/> \$15,000/\$30,000 <input type="checkbox"/> Other _____					
Property Damage <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other _____					
Uninsured Motorists – BI <input type="checkbox"/> \$15,000/\$30,000 <input type="checkbox"/> Other _____					
Uninsured Motorists - PD (PPA's only) <input type="checkbox"/> \$3,500 <input type="checkbox"/> Other _____					
Employer's Non-Ownership Coverage – (Complete Section 10.c. if requested)					
Hired Car Coverage – Annual Cost of Hire: \$ _____					
Medical Payments (PPA's only) <input type="checkbox"/> \$1,000					
Estimated Total Premium per vehicle	\$	\$	\$	\$	\$
Total Estimated Premium for vehicles 1–5					\$
Total Estimated Premium for supplemental vehicles					\$
Total Estimated Premium for all vehicles					\$

**NOTE: BI AND PD LIMITS WILL BE ISSUED AT MINIMUM FINANCIAL RESPONSIBILITY LIMITS AS REQUIRED BY LAW FOR THE RISK INSURED.**

**SECTION 10.a. COVERAGE FOR ACTS OF UNINSURED MOTORISTS: CALIFORNIA**

**DELETION OF COVERAGE:** The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the Insured, his or her heirs or legal representatives for all sums within the limits established by law, which such person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the Insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

**REDUCTION OF COVERAGE:** The Uninsured Motorists provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements.

**DAMAGE TO YOUR VEHICLE: (This provision Applies Only to Private Passenger Vehicles That Are Subject to Commercial Assignment)** In addition, the California Insurance Code requires insurers to offer coverage for damage to your vehicle caused by an uninsured motor vehicle to the extent that you, the insured party, are legally entitled to recover from the owner or operator of the uninsured motor vehicle. Such property damage coverage will either: (1) pay the collision deductible on the insured motor vehicle, if it is covered by collision insurance, or (2) pay for damage to the insured motor vehicle, if it is not covered by collision insurance. This coverage will not pay for damage to personal property other than the vehicle or for loss of use of the vehicle, and it will not exceed the smallest of any the following: (1) The amount of the collision deductible; (2) the actual cash value of the insured motor vehicle; or (3) \$3,500. You may reject uninsured motorist coverage completely or reject it only when an insured motor vehicle is operated by a natural person or persons that you designate by name. If you reject uninsured motorist coverage for bodily injury, you must also reject uninsured motorist coverage for property damage; however, you may elect to obtain uninsured motorist bodily injury coverage without obtaining uninsured motorist property damage coverage.

**ALL RISKS:** It shall be presumed that an application for a policy of bodily injury liability insurance containing uninsured motorist coverage if an amount less than that required by Insurance Code Section 11580.2, Subdivision (m), signed by you (the named insured) and approved by the insurer, shall be a valid agreement as to the amount of uninsured motorist coverage to be provided.

**SECTION 10.b. REJECTION OF UNINSURED MOTORIST COVERAGE**

I understand that if I reject uninsured motorist coverage, and if I am injured by a person driving without motor vehicle insurance, I may be unable to recover any significant amount of money to cover the costs of my injuries or of damage to my motor vehicle. I have applied this day for coverage under an automobile liability insurance policy, and the company providing such coverage and I have agreed as follows to delete uninsured motorist coverage from that insurance policy:

1.  I elect to delete completely uninsured motorist coverage for all insureds.
2.  I elect to retain uninsured motorist coverage at reduced limits of \$15,000 per person or \$30,000 per accident.
3.  I elect to retain uninsured motorist coverage at reduced limits of \$25,000 per person or \$50,000 per accident.

The following elections apply to applicants wishing to insure at least one private passenger vehicle that is subject to commercial assignment:

4.  I elect to delete uninsured motorist coverage for property damage coverage but retain uninsured motorist coverage for bodily injury.
5.  I elect to delete uninsured motorist coverage for property damage but retain uninsured motorist coverage for bodily injury at reduced limits of \$15,000 per person or \$30,000 per accident.
6.  I elect to delete uninsured motorist coverage for property damage but retain uninsured motorist coverage for bodily injury at reduced limits of \$25,000 per person or \$50,000 per accident.

Applicant's Signature **X** \_\_\_\_\_ Date Hour \_\_\_\_\_  A.M  P.M

The rejection of insurance indicated by the above agreement shall be binding upon every insured to whom such policy or endorsement provisions apply while such policy is in force, and it shall continue to be so binding with respect to any continuation, renewal or replacement of such policy by the named insured, or with respect to reinstatement of such policy within 30 days of any lapse thereof.

**DO NOT SIGN THIS AGREEMENT UNLESS YOU READ AND UNDERSTAND IT.**

**SECTION 10.c. EMPLOYER'S NON-OWNERSHIP LIABILITY**

Check here if **desired.**  Primary  Excess

Are any other vehicles owned by the Applicant?  Yes  No  
If "Yes" complete the following.

Name of Insurance Company	Policy #	Name of Firm/Carrier
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Address of Insurance Company	Type of Business
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Description of any owned, leased, hired, and non-owned vehicles, which are *not* to be insured.

Year	Trade Make	Body Type	Vehicle Identification #

Total # Employees _____	The number of employees that use their own (unspecified) vehicles in the applicant's business? _____
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Number of Full-time Equivalent Drivers: \_\_\_\_\_ ("Full-time equivalent" is determined by dividing the average total weekly delivery-hours for employees by 40.)

**Attach certificates of insurance from a California-admitted company for each delivery-driver.**

<b>SECTION 10.d. HIRED CAR COVERAGE</b>					
<input type="checkbox"/> Check here if <b>desired</b> . <b>Cost of Hire section (10.e.) must be completed.</b>	Estimated Annual Cost of Hire	Rates Per \$100		Estimated Premium	
		B.I.	P.D.	B.I.	P.D.
<input type="checkbox"/> Primary <input type="checkbox"/> Excess					
<b><u>You MUST attach a copy of the truckers written agreement with their hired carriers that complies with the requirements outlined in Rule 75 in order to receive EXCESS coverage.</u></b>					
1. Does each hired carrier have their own coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Are there Certificates of Insurance or Additional Insured Endorsements on file with the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is there any interstate travel? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>SECTION 10.e. COST OF HIRE</b> (For policies rated under Trucker's Cost of Hire.) All risks for which a broad form filing or MCS-90 endorsement has been issued					
	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Indicate the total Cost of Hire, including cost and wages, for vehicles leased or hired on a long-term basis (over 6 months) and specifically insured by applicant as an owned automobile.	\$	\$	\$	\$	\$
Indicate the total Cost of Hire, including cost and wages, for automobiles, which are <i>not</i> specifically insured by the applicant as an owned vehicle but are to be insured as hired automobiles.	\$	\$	\$	\$	\$
Cost of Hire – Represents Total Long and Short Term Cost of Hire.	\$	\$	\$	\$	\$
<b>SECTION 11. GROSS RECEIPTS</b> (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	\$	\$	\$	\$	\$
<b>SECTION 12. PUBLIC AUTOS</b>					
List all cities through and in which vehicles operate:					
Where is vehicle permitted to operate?			How is vehicle licensed?		
<b>SECTION 13. FILINGS OR CERTIFICATES</b>					
<b>NOTE:</b> All owned and operated vehicles must be described in this application. All risks for which a filing has been made (except SR-22) are subject to cost of hire rating and employer's non-ownership coverages. If a filing is requested here, the Cost of Hire and Employer's Non-Ownership Liability sections must be completed. Applicant's name must be identical to name as it appears on ICC or Dept. of Public Safety (DPS) permit to avoid rejection.					
Is filing or specific limit(s) of liability needed? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes" to comply with:					
<input type="checkbox"/> Motor Carrier Act of 1980 Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Bus Regulatory Act of 1982 <input type="checkbox"/> ICC Regulation - Docket # _____					
<input type="checkbox"/> Local Ordinance (attach copy) <input type="checkbox"/> State Regulation <input type="checkbox"/> U. S. DOT # _____ <input type="checkbox"/> DMV-MCP # _____					
<input type="checkbox"/> PUC # _____ <input type="checkbox"/> Other _____					
If block(s) are checked, list state(s) and city(ies) requiring filings or limits of liability required by law.					
Is applicant required to file evidence of financial responsibility (SR-22)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", complete the following.					
Last Name		First Name		MI	License #
Type of Filing <input type="checkbox"/> Owner's (operation of owned vehicles) <input type="checkbox"/> Operators (operation of non-owned vehicles) <input type="checkbox"/> Both					
State where Filing required		Case or file #	Reason for Filing		
Name of any party requiring a Certificate of Insurance or Additional Insured Endorsement.					
<b>When an "Additional Applicant" endorsement is requested, attach a copy of the agreement between the applicant and the additional interested party.</b>					



**SECTION 18. NOTE – FEES ARE ILLEGAL**

Section 11624.5 of the California Insurance Code provides: No insurance agent, broker or solicitor shall make any charge to the applicant, directly or indirectly, for furnishing any person the necessary application forms, technical assistance and services necessary to perfect an application through the Plan other than such commission as is paid by the insurer pursuant to the provisions of such Plan.

**SECTION 19.**

**ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THE APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL PENALTIES.**

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.**

**SECTION 20. APPLICANT'S STATEMENT**

I hereby certify under penalty of perjury that I,

1. have been informed of my right to choose the CAARP interest-free Payment Plan options as shown in Section 14 of this application  
**CHECK ONE:**  Yes  No – If "No" please ask the producer for an explanation.
2. have duly authorized the undersigned to execute this application on my behalf if the Applicant is not a natural person.
3. has tried without success to obtain automobile insurance in this state within the preceding 60 days, and that the Applicant has been unable to obtain such insurance through ordinary methods.
4. to the best of my knowledge and belief all statements contained in this application are true and all these statements are offered as an inducement to issue the policy for which I am applying.
5. realize that any misleading information or failure to disclose required information will be considered lack of good faith on my part and may void the application or cause cancellation of my coverage.
6. agree that no coverage will be in effect if my premium remittance, which accompanies this application, is justifiably dishonored by any financial institution.
7. understand that the premium shown on this application is an estimated premium. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy. I agree to pay the adjusted/developed premium which may be higher than the original estimate.
8. will pay all premiums when due.
9. designate as Producer of Record of this insurance the Producer or firm named in this application. A substitute Producer may be designated by me at any time and, upon designation shall be the Producer of Record. I understand that any designated Producer cannot act as an agent of the California Automobile Assigned Risk Plan or any carrier for the purpose of this insurance and that the Producer has no authority to establish, alter or amend terms or conditions of coverage.
10. do not owe any insurance company for automobile insurance premiums due or contracted during the preceding 36 months.
11. **understand that if I owe money for a prior CAARP policy which I have not formally appealed to the California Insurance Commissioner, the money I submit with this application for a new CAARP policy will be applied to that prior policy, and I am not entitled to a refund of the money I have submitted with this application, even if coverage for this new policy is terminated, until I pay the full amount owed for all current and prior CAARP policies.**
12. understand that the agent/broker is not acting as an agent of any company for the purposes of this insurance.
13. will remit a check, money order or a bank draft of mine, producer of record or financial institution, as directed by the insurer, for the balance of the full premium for the policy, within 30 days of notification or, if I have elected a Payment Option in Section 14 of this application, to make payments as specified in the CAARP Interest-free Payment Plan Regulation (Section 44).
14. that this application was written and signed as of the date shown.
15. that when the insurance is to be written on a basis requiring final adjustment of the premium after expiration of the policy, I will maintain a complete record of all financial transactions in any reasonable form and manner as the insurer may require. I will also make this record available for inspection by the insurer at a designated place and at all reasonable times.

I hereby authorize any insurer that may previously have provided coverage to me or to additional named insureds to provide records, data or information concerning prior coverage to the Plan or any carrier designated by the Plan. I agree that a reproduction of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Date: \_\_\_\_\_ Hour: \_\_\_\_\_  AM  PM  
Named Applicant's or Corporate Officer's Signature

**NOTICE TO APPLICANT AND PRODUCER**

In the event acknowledgement of coverage is not received within 30 days, notify the Plan Office at PO Box 7917, San Francisco, CA 94120

**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.**

**REMARKS SECTION**