

COOPER & COHORTS

P.O. Box 5667
 Bossier City, LA 71171
 Tel# 318-747-7475
 WATS# 808-359-5667
 FAX# 318-746-7610

Producer Name:
Address:
City/State/Zip:
Phone #:

COMMERCIAL VEHICLE APPLICATION

New or RENEWAL OF:

Name: Address: City/State/Zip:	Social Security #: Occupation: Place of Principal Garaging
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Policy Period From	Time	Policy Period To	Time	# of Months	Telephone Number		
			12:01 AM				
Coverage		Limits/Deductibles	Unit 1	Unit 2	Unit 3	Unit 4	
A: BODILY INJURY							
B: PROPERTY DAMAGE							
C: LIMITED MEDICAL PAYMENTS		None					
D: COMPREHENSIVE ACV LESS		\$N/A					
E: COLLISION ACV LESS		\$N/A					
UMBI							
UMPD							
TRAILER BI/PD		N/A					
TRAILER Physical Damage		N/A					
UNIT SUBTOTALS							
Pure Prem	\$0.00	Policy Fee	\$0.00	Other Fees	\$0.00	Policy Total	\$0.00

Down Payment of \$0.00 0 Payments of \$0.00

Year Model	Make & Model	Vehicle ID. Number	Purchase Date	Stated Value

LOSS PAYEE AND ADDRESS

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Any existing damage to any vehicle? Describe: |
| <input type="checkbox"/> | <input type="checkbox"/> | Any driver have a physical or mental impairment? Describe: |
| <input type="checkbox"/> | <input type="checkbox"/> | Any vehicles owned by other than the named Insured? Describe: |

Drivers over 72 must submit LA DPSMV Form 2219

VEHICLE RATING INFORMATION

GVW	Business Use Code	Radius of Operation	Primary Factor	Industry Class	Secondary Factor	Combined Factors	Territory Number	Base Rate	Stated Value	Percentage Rate	Surcharge

ALL ITEMS NOT LISTED ON THE MANUFACTURER'S INVOICE ARE CONSIDERED SPECIAL EQUIPMENT AND ARE NOT COVERED UNLESS DESCRIBED HEREIN AND AN ADDITIONAL PREMIUM PAID THEREFORE. DO ANY VEHICLES HAVE SPECIAL EQUIPMENT FOR WHICH COVERAGE IS DESIRED [NO]

Description	Value

COMPLETE FOR NAMED INSURED AND ALL OTHER OPERATORS

Name of person exactly as on driver's license	Relation to Insured	Age	D.O.B.	Sex	Marital Status	Social Security Number	Driver's License #	State

COMPLETE FOR NAMED INSURED AND ALL OTHER OPERATORS

Violation/Accidents for Last Three Years	Date	Surcharge

SR-22 Filing?

Operator Name:

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICANT'S STATEMENT

The applicant states that he/she has read this application and attests that the information provided is accurate, complete, and truthful to the best of his/her knowledge and belief and that said information is being made available to the insurer in order to evaluate the risk and determine its acceptability. He/she further states that all operators of the insured vehicles are listed on the application.

APPLICANT'S CONSENT

Applicant authorizes the insurer to obtain a copy of the MOTOR VEHICLE REPORT of all drivers listed on the application.

Applicant authorizes the insurer to secure underwriting information such as Credit Report/C.L.U.E, subject to the regulations of the FAIR Credit Reporting Act.

Applicant's Signature _____ Date _____ Time _____

BROKER'S STATEMENT: The statements herein are those of the applicant who has signed this application in my presence. I understand the rules set forth in Cooper and Cohorts producer's manual, and I accept the full responsibility of making timely refunds to the insured when such refunds are received from Cooper and Cohorts either in the form of check or credit memo.

Agent/Broker's Signature _____ Date _____