



NON-EMERGENCY INSURANCE APPLICATION

Attention
Tel (800) 980-1950
Fax (800) 980-1960

APPLICANT INFORMATION

American Business Ins. Svc Inc., 32107 W. Lindero Cyn #120 Westlake Village, CA 91361

BUSINESS NAME				<input type="checkbox"/> dba	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
OWNERS NAME				Tax ID # or Social Security #		
Address			City	State	Zip	
Work phone	Cell	FAX				

REQUESTED POLICY EFFECTIVE DATE _____ ANNUAL POLICY _____ Years in Business _____ DOT # / MC# / PUC # _____

YOU MAY ATTACH A FLEET LIST & DRIVERS LIST IF AVAILABLE.

ALL AUTOS MUST BE LISTED AND INSURED			If collision coverage desired put \$ Value		
Year	Make / Model	Identification Number	Wheel Chair Lift/Ramp?	# of Passengers	Approx Cost New

1					
2					
3					
4					
5					
6					
7					

Drivers Name	License #	Date of Birth
1		
2		
3		
4		
5		
6		
7		

Do you have a vehicle maintenance program.
 Are Driving Records obtained prior to hiring?
 Drivers Covered by W/C

COVERAGES ACTUAL COVERAGES MAY DIFFER FROM THIS APPLICATION

<input type="checkbox"/> Bodily Injury & Property Damage Liability <input type="checkbox"/> Uninsured Motorists <input type="checkbox"/> Underinsured Motorists <input type="checkbox"/> Collision & Comprehensive	<input type="checkbox"/> PIP MI, TX ONLY	NOTES
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REQUIRED INFORMATION PREMIUM AND LOSS HISTORY AFFIDAVIT

Policy Year			
Prior Insurance Company			
Policy Number			
Annual Premium			
Total CLAIMS Amount (\$)			

Loss Record Required For Quote.
 Loss Runs Attached
 Loss Runs Attached
 Loss Runs Attached
 Loss Runs Attached

Loss Runs May Be Obtained From your Prior Insurance Company.

Coverage is Not Bound by signing this application, please see insurance binder.

Applicants Signature **X** _____ Date _____ Producer Signature _____