

# AUTOMOBILE APPLICATION

## CHURCH MUTUAL INSURANCE COMPANY

New Policy No. \_\_\_\_\_  
 Current M.P. No. \_\_\_\_\_  
 Renewal/Replacement of No. \_\_\_\_\_  
 Und. Approval \_\_\_\_\_  
(Initial & Date)

Div.-Agent No. \_\_\_\_\_  
 Comm. \_\_\_\_\_  
 Cash  Monthly   
 Quarterly  Semi-Annual   
**FEIN** \_\_\_\_\_

**ITEM ONE**

Named Insured \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NAMED INSURED'S BUSINESS:**

FORM OF NAMED INSURED'S BUSINESS:  CORPORATION;  PARTNERSHIP;  INDIVIDUAL; OR  OTHER:

Policy Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

ITEM TWO Type of Coverage:	HO USE	COVERAGES	LIMIT	TOTAL PREMIUM
<input type="checkbox"/> Specifically Described Autos Show on Attached Schedule		Liability Insurance \$	Per Accident	
<input type="checkbox"/> Hired Auto Liability		Personal Injury Protection (P.I.P.)		
<input type="checkbox"/> Non-Owned Auto Liability		Added P.I.P. \$		
<input type="checkbox"/> C. B. Buyback Option:		Property Prot. Ins. (MI only)		
		Medical Payments \$	Each Person	
<b>Cov. Auto No.</b> <b>Amt. of Cov.</b> <b>Premium</b>		Uninsured Motorist \$		
_____      _____ \$ _____		Uninsured    B.I. \$      ea. person \$      ea. acc.		
_____      _____ \$ _____		Motorist      P.D. \$      ea. acc.		
_____      _____ \$ _____		Comprehensive      \$      Deductible		
		Collision      \$      Deductible		
<b>Home Office Use Only:</b>			Premium for End.	
Forms:			Estimated Total Prem.	\$

**ITEM FIVE - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.**

**LIABILITY INSURANCE - RATING BASIS, COST OF HIRE**

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	PREMIUM
			\$

**ITEM SIX - SCHEDULE FOR NON-OWNERSHIP LIABILITY**

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
	Number of Employees		\$

List previous carrier and policy number \_\_\_\_\_

Has any insurance ever been declined or cancelled?  Yes  No

When? \_\_\_\_\_ By Whom? \_\_\_\_\_ Reason \_\_\_\_\_

Completed By: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

