

DEPENDING ON THE RISK AND COVERAGES, OTHER FORMS MAY BE REQUIRED TO COMPLETE THIS APPLICATION.

CENTURY-NATIONAL INSURANCE COMPANY

Commercial Auto Application

P.O. Box 3999, North Hollywood, CA 91609 ■ 12200 Sylvan Street, North Hollywood, CA 91606

(818)760-0880 (800)733-0880

Coverage will be effective no earlier than day after post mark of this application, or time of FAX.

BROKER: Ferrante Insurance Agency PHONE: 925-674-1755 QUOTE # 1326001621
BROKER # 132600

APPLICATION NAME: BECERRA PAINT DESIGN

ADDRESS: 448 IGANCIO BLVD #204

CITY: NOVATO STATE: CA ZIP: 94949 PHONE: 4155246326

INSPECTION CONTACT: PHONE:

STATUS OF SUBMISSION: QUOTE ISSUE POLICY Effective Date Requested: 04-14-2014 Corporation Individual Partnership

FINANCE COMPANY: DESCRIBE BUSINESS: Painting Contractor

TYPE OF BUSINESS: CONTRACTORS YEARS IN BUSINESS: 10 years or more

DESCRIBE USE OF VEHICLES: To go to and from job site

VEHICLE GARAGED: IN A GARAGE IN A FENCED LOT AT EMPLOYEES HOME ON STREET UNFENCED LOT OTHER:

COVERAGES	LIMITS REQUESTED	(Specific physical damage deductibles by each vehicle).	
LIABILITY INSURANCE	\$ 1,000,000	<input type="checkbox"/> NONOWNERSHIP LIABILITY LIMIT:	<input type="checkbox"/> HIRED AUTO LIABILITY
MEDICAL PAYMENTS	\$ 5,000	<input type="checkbox"/> APPLY TO ALL VEHICLES <input type="checkbox"/> APPLY TO NONE	<input type="checkbox"/> APPLY ONLY TO VEH. #
UNINSURED MOTORISTS	\$ 50,000	<input type="checkbox"/> APPLY TO ALL VEHICLES	<input type="checkbox"/> APPLY TO NONE
RENTAL REIMBURSEMENT ON VEHICLES	DRIVE OTHER CAR COVERAGE ON DRIVERS		

ANY OTHER COVERAGE

PRIOR INSURANCE INFORMATION	CARRIER	POLICY NUMBER	LIABILITY LIMIT	PREMIUM	LOSSES		TOTAL RESERVES OPEN
					NUMBER OF LOSSES	TOTAL PAID	
LAST YEAR							
2 YEARS PRIOR							
3 YEARS PRIOR							

LOSS HISTORY	DATE OF LOSS	EXPLANATION OF LOSS	PAID	RESERVED	DRIVER INVOLVED	STILL EMPLOYED?

NOTICE APPLICANT

Careful completion of the application will ensure proper rating and prompt delivery of your policy. Any false statement, omission or misrepresentation that would otherwise alter the Company's evaluation of you will result in a rescission of your coverage.

By my signature, I hereby warrant that I have read this application and that all information was filled in before I signed and that the information is true and correct to the best of my knowledge. I agree that such policy, if issued, may be subject to an adjustment in the premium due, the policy period requested, or the amount of deductible as a result of my driving record or other underwriting factors.

I also fully understand and agree that if any remittance by me, or on my behalf (except by broker), is not honored by the payor (Bank), coverage will be rescinded; and no coverage or considerations will have been afforded under this application and any subsequent binder, policy or renewal.

Signature of Applicant: [Signature] Date: 4-14-2014 Time: 12:00 A.M. P.M.

Signature of Producer: [Signature] Date: _____ Time: _____ A.M. P.M.

IF PAID BY CHECK, COVERAGE IS EFFECTIVE ONLY IF CHECK IS HONORED WHEN FIRST PRESENTED.