

ARGENIA, LLC

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Excess Automobile Liability Application

Every Question **Must** Be Answered (2 Pages)

Name of applicant(s) _____

Street Address: _____ County _____

City _____ State _____ Zip _____

Limits Required: Primary Limit: Excess Limit: Total Limits:
BI/PD CSL _____ _____ _____

Name of Primary Insurer: _____

Policy Number: _____

Policy Term: _____ PI/PD Premium Only: _____

Effective Date: _____ Expiration Date: _____

Note: We must insure all vehicles on the primary policy (PIP and Med Pay are Excluded.)

Full Details of Applicant(s) Operations: (Including Radius) _____

Exact Commodities Hauled: _____

Schedule of Autos:

	Year	Make	Veh. Type/Seating Capacity	17 Digit VIN
1				
2				
3				
4				
5				

Attach Separate Schedule If Necessary

Schedule of Drivers:

	Full Name	Date of Birth	Drivers License # and State	Years Experience (Similar Units)
1				
2				
3				
4				
5				

(over)

Driving Record for each driver (past three years) _____

Primary Premium and Losses for Past Five Years:

Year/Term	Premiums (BI & PD)	Total Losses

Provide entire details of any SINGLE loss that exceeds \$150,000 whether BI and/or PD and any reserves. (Loss Runs on Larger Accounts)

	Date of Loss	Description	Amount Paid or Reserve
1			
2			
3			
4			
5			

Why are higher limits desired? _____

Do they need filings? _____ If so, please provide the MC# and/or which states need a Single State Filing _____

Agents Name and Address:

Date: _____ Telephone # _____

Contact Person _____

Insured's Signature: _____ Date _____