

## Commercial Auto Excess Liability Application

Underwritten by: TOPA INSURANCE COMPANY

Name Last		First		Middle		Producer _____	
DBA:						Producer Code _____	
Number & Street		City		State		Office Address _____	
Mailing Address:						City _____	
Policy Period : From _____ To _____				Renewal: Policy Number _____			
Primary Insurance Effective Date: _____				ExpirationDate: _____			
Company Name: _____							
Policy or Assignment Number: _____							
Description of Operations: _____ Commodities Hauled: _____							
<b>VEHICLE INFORMATION</b>							
	YEAR	MAKE & MODEL	VEHICLE ID#	ANNUAL MILES	REGISTERED. OWNER	AREA OF OPERATION	
1						CALIFORNIA ONLY _____	
2						11 WESTERN STATES _____	
3						48 STATES _____	
<b>COVERAGE</b>		<b>UNDERLYING LIMIT</b>	<b>EXCESS LIMIT</b>	<b>TOTAL LIMIT</b>	<b>\$ VEHICLE #1</b>	<b>\$ VEHICLE #2</b>	<b>\$ VEHICLE #3</b>
Applicant's Initial's:		750,000 CSL	250,000 CSL	1,000,000 CSL			
<b>NAME AND ADDRESS OF ADDITIONAL INSURED</b>						Total Premium for all Units:\$ _____	
1						Fully Earned Policy Fee: \$50.00	
2							
3						Total Policy Premium:\$ _____	
<b>DRIVER INFORMATION</b>							
	DOB	DRIVER LICENSE #	DRIVES UNIT # ?	YEARS COMM DRIVING EXP	ACCIDENTS & VIOLATIONS LAST 3 YEARS		
1							
2							
3							
NAME'S OF DRIVERS EXCLUDED UNDER PRIMARY POLICY _____							
NAME'S OF DRIVERS EXCLUDED IN EXCESS POLICY _____							
COMMENTS:							

Notice to Applicant: In compliance with public law 91-508, this notice is to inform you that in connection with your application for insurance (1) an investigation may be made to your insurability, including, information as to character, general reputation, personal characteristics and mode of living and (2) additional information as to the nature and scope of any investigation requested will be furnished to you, upon your written request made within a reasonable time after you receive this notice.

I have read the foregoing and agree that it is true and complete to the best of my knowledge and that this policy , if issued, and all renewals thereof are to be issued in reliance upon this information, unless a change in information is supplied by me. I understand that signing this application does not bind me to accept this insurance nor does it bind the company to issue a policy to me.

**INSURANCE CANNOT BE CONSIDERED FOR BINDING UNLESS THIS APPLICATION IS SIGNED BY THE APPLICANT.**

Applicant's Signature **X** \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker's Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_