## **SMALL FLEET**

## Small Fleet supplemental application

**VERSION 1.5** 

Excel users can complete the Small Fleet Quoting Spreadsheet in place of this supplemental application. This new, easy-to-use form streamlines the quote process and helps gather and submit all required information. If you don't have access to Excel, that's ok, just complete sections 1-4 below. Then, email a completed supplemental application and all additional required quote information to fleet@commercial.progressive.com.

## **Section 1: Determine eligibility**

If you answer <b>yes to any</b> of these questions, the risk is ineligible for a Fleet quote.		YES	NO
1)	Does the business have more than 40 total vehicles, counting tractors and trailers individually (e.g., 1 tractor with 1 trailer equals 2 vehicles)? Note: Each tractor is assigned a trailer.  If no owned trailer is provided, a non-owned trailer is added.		
2)	Has the business been operating for fewer than 3 years?		
3)	Does the company require a hazardous materials placard?		
4)	Does the company charge a fee for passenger transportation?		
5)	Are any of the listed vehicles rented or leased to others?		
	Business information—Business address, phone number, and email, organization type (e.g., partner  Driver information—Driver name, date of birth, license number, and license state.		THE STRAFFIC.
	ection 2: Required quote information (check each item as it's collected)  information below required to begin a quote. Note: ACORD forms are acceptable but don't have to be	used.	
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	Vehicle information—VIN, body type and description (e.g., tractor, box/straight trucks, dry freight traddress, stated amount, and radius of operation.	ailer), full gara 	ging
	Coverage information—Liability limits and Physical Damage deductibles.		
	Three-year loss runs from prior and current carriers with no lapse, valued within 75 days of requeste must include policy number, named insured, company, coverage dates, and paid and open reserve ar loss runs doesn't match the named insured, please provide an explanation of why and any supporting of the second secon	mounts. If the	name on the
	IFTAs need to be provided if federal filings are required and requested radius is not unlimited.		
	Three years of company financial statements, including balance sheets and income statements, ne if Any Auto or Hired Auto coverage is requested. Neither coverage is available if the annual cost of h	•	

<sup>\*</sup>If the insured has vehicles garaged in multiple states, you must provide a vehicle list, driver list, and coverage limits for each policy state requested.



## Section 3: Required general information

— L	policies cover one named il sured and one ein. They must match. Any additional business hames may be added as a DBA or additional insured.
1)	Agency name: Five-digit agency code:
2)	Name of business being quoted: DBA:
3)	FEIN:
4)	Business owner's name:
5)	Year business was established:
6)	Number of employees (including listed drivers and all other employees):
7)	Policy effective date:
8)	Policy state(s):
9)	Describe your business (e.g., excavation contractor):
10)	If you haul for hire, list all commodities:
11)	Are any vehicles used to remove debris for a fee? YES NO
12)	If any of the vehicles are pickup trucks, do they have a hitch? YES NO N/A
	If yes, provide a separate list with the hitch type for each pickup (fifth wheel, tow boom, ball at bumper, ball in bed, gooseneck).
13)	Are any of the vehicles used for personal use? YES NO
	If yes, provide a list with the percentage of personal use for each vehicle.
14)	Does the business have a USDOT number? YES NO If yes, what is the USDOT number?
	If you answer no and we locate a USDOT for the business, it will be used in quoting.
15)	Are filings required? YES NO If yes, what type?
16)	Is the customer subject to the ELD mandate for hours-of-service monitoring? YES NO  If yes, who is the ELD vendor?
17)	Does the customer have a fleet management system? YES NO
18)	Is the insured being nonrenewed by the current carrier? (Missouri applicants select N/A.) YES NO N/A  If yes, please provide reason for the nonrenewal.
Se	ction 4: Required rating questions
1)	Number of power units: Number of trailers:
2)	Number of drivers (include company-employed and leased/owner-operator/contractor):
3)	Number of jobsites visited per day per vehicle:
4)	Does the insured have a GL policy or BOP? YES NO
Se	ction 5: Motor Vehicle Report (MVR) (check when collected)
	MVR for all drivers dated within 75 days of requested effective date.  Note: MVRs can be provided by the agent or ordered by the company. If ordered by the company, the cost of the MVRs will be charged back to the agent if the policy is not bound. A premium indication can be provided without the MVRs, but a bindable quote cannot be issued without MVRs, which may affect quoted premium.

CLEAR FORM