



Roemer Insurance – Small Fleet Division
 3912 Sunforest Ct. Toledo, OH 43623
 888-931-1934/fax 419-475-8750

Small Fleet Commercial Auto Application

Effective Date: _____ MC# _____ FEIN# _____ SS# _____
 Company Name _____ Phone # _____ Fax # _____ Cell # _____
 Contact _____ Address _____ City _____ State _____ Zip _____
 Email _____ Years in Trucking Industry _____ Years Operating in Your Name _____
 Garaging Location (if different) _____

RADIUS OF OPERATIONS: 0-100 miles _____ % 101-300 miles _____ % 301-500 miles _____ % 500+ miles _____ %
 List the three largest cities your operation enters: _____ Annual Mileage: _____
 **Please also attach last 4 quarters of IFTA reports

COMMODITIES TRANSPORTED: TRANSPORT HAZMAT? YES/NO

Commodity	% of loads	Avg. Value	Max. Value	Commodity	% of loads	Avg. Value\$	Max. Value

COVERAGE REQUESTED:

AUTO LIABILITY: \$1,000,000 CSL YES/NO UM/UIM COVERAGE: YES/NO LIMIT: _____
 AUTO PHYSICAL DAMAGE: YES/NO DEDUCTIBLE _____ (\$500, \$1000, \$2500)
 MOTOR TRUCK CARGO: YES/NO LIMIT _____ DEDUCTIBLE _____ (\$1000, \$2500)
 GENERAL LIABILITY: YES/NO LIMIT _____ (\$1,000,000) TRAILER INTERCHANGE: YES/NO

DRIVERS: **Attach MVR for each driver PAST 36 MONTHS

NAME	D.O.B.	D.O.H.	CDL#/STATE	YRS EXP	VIOL	ACCIDENTS	F/T or O/O

VEHICLE LIST: **Attach separate list if necessary

YEAR	MAKE	BODY TYPE	VIN#	G.V.W.	VALUE	RADIUS

LOSS HISTORY: **Attach 3 years current loss run report

LIABILITY			PHYSICAL DAMAGE		CARGO	
Policy Period	# claims	Loss				

- Do you allow passengers? Yes/No
- Do you pull doubles or triples? Yes/No
- Do you broker loads? Yes/No
- Minimum age required for drivers? _____
- Minimum years experience for drivers? _____
- Do you use team drivers? Yes/No

APPLICANT SIGNATURE: _____ **DATE:** _____