



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**BUSINESS AUTO DISCOVERY QUESTIONNAIRE**

**THIS IS FOR QUOTATION PURPOSES ONLY – THIS IS NOT A BINDER**

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

**General Information**

- 1. Applicant: \_\_\_\_\_
- 2. Doing Business As: \_\_\_\_\_
- 3. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4. Contact Person: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
Contact Person is:  Owner  Manager  Promoter  Management  Other: \_\_\_\_\_
- 5. Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
- 6. Web Address: \_\_\_\_\_
- 7. Is this a new business?  Yes  No If now, how many years have you been in business? \_\_\_\_\_
- 8. Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_
- 9. Length of season: \_\_\_\_\_

**Insurance History**

- 10. Who was your last or is your current insurance carrier? \_\_\_\_\_
- 11. What is or was your annual premium? \_\_\_\_\_
- 12. Describe your claims and loss history: \_\_\_\_\_

**Desired Insurance**

**Limit of Liability:**

- \$100,000 per accident / \$300,000 aggregate
- \$200,000 per accident / \$300,000 aggregate
- \$250,000 per accident / \$500,000 aggregate
- \$250,000 per accident / \$1,000,000 aggregate

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**Vehicles and Equipment**

Please complete the following questions only as it pertains to the business vehicles and equipment associated with your operation. Auto coverage is only available to Applicants if Commercial Liability coverage is provided. No private passenger or non-business use of insured vehicle coverage is available. Only scheduled vehicles used for business purposes, which are driven by specifically Named Insured Operators, will be quoted liability coverage.

Current Business Liability Coverage Contract Number # \_\_\_\_\_

- 1. Please describe all vehicles and equipment to be quoted for liability insurance on the enclosed Vehicle Schedule.
- 2. If coverage for individual drivers is to be granted, please complete the enclosed Driver Schedule with the full name, date of birth, driver's license number, and state of issue.\

3. Are all vehicles and equipment solely owned by and registered to the Applicant?  Yes  No  
If no, explain: \_\_\_\_\_
4. Do any of the employees use their own autos in the business?  Yes  No  
If yes, explain: \_\_\_\_\_
5. Is there a vehicle and equipment maintenance program in operation?  Yes  No
6. Are any vehicles or equipment leased to others?  Yes  No
7. Do any vehicles or equipment have customized, altered or special equipment?  Yes  No
8. Does insured obtain motor vehicle report verifications on all drivers?  Yes  No
9. Does Applicant have a specific driver-recruiting program?  Yes  No
10. Are any ICC, PUC, or other certificate filings required?  Yes  No  
If yes, please fill out the Request for Motor Carrier Insurance Filings form.
11. Are all vehicles returned and garaged at the business each night?  Yes  No  
If no, list vehicle(s) not returned. State purpose of use if not returned and garaged at business location:

**Vehicle**

**Purpose of Use**

Vehicle	Purpose of Use
_____	_____
_____	_____
_____	_____

12. Does Applicant own or operate any buses, vehicles, or equipment not listed on schedule?  Yes  No
13. Does Applicant rent or lease vehicles or equipment to others?  Yes  No
14. How many days a week is each vehicle or equipment listed on schedule used? Show by order listed on the schedule.

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

17. How many trips each day are vehicles driven? Show by order listed on schedule.

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

18. Months during year which vehicles are used: from \_\_\_\_\_ to \_\_\_\_\_

19. Maximum distance traveled one way by each vehicle? Show by order listed on schedule.

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

20. Maximum radius of operations of each vehicle? Show by order listed on schedule.

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of a Discovery Questionnaire or the payment of any premium does not obligate the Association or any Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

**IMPORTANT:** Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the Worldwide Outfitter and Guides Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: \_\_\_\_\_

Applicant:

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name



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### DRIVER SCHEDULE

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

NAME	AGE	YEARS OF EXPERIENCE	LICENSE #	CERTIFICATIONS HELD	OUTSTANDING COMPLAINTS / VIOLATIONS



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### VEHICLE SCHEDULE

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Vehicle #: \_\_\_\_\_

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW/GCW		A.C.V.	
City, State, Zip where Garaged		Seating Capacity		Radius	

Vehicle #: \_\_\_\_\_

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW/GCW		A.C.V.	
City, State, Zip where Garaged		Seating Capacity		Radius	

Vehicle #: \_\_\_\_\_

Year		Make		Model	
V.I.N.		License State		Territory	
Type		GVW/GCW		A.C.V.	
City, State, Zip where Garaged		Seating Capacity		Radius	