



9801 West Higgins Road  
Rosemont, IL 60018  
Phone: (847) 318-5800 Fax (847) 318-0643  
www.ASILINK.com

**Application for Illinois Commercial Automobile Insurance**  
Applicable to Applicant(s), Insured(s) and all Operators:  
ALL DRIVERS MUST BE LISTED AND HOLD A VALID ILLINOIS DRIVER'S LICENSE.  
COVERAGE IS EFFECTIVE ONLY WHEN ACCEPTED BY THE COMPANY AND POLICY ISSUED.

Agency Bill <input type="checkbox"/>	Direct Bill <input type="checkbox"/>	Down Payment \$	Indicate Number of Installments Desired (4 or less for 6 mos, 10 or less for 12 mos.) Circle One: 1 2 3 4 5 6 7 8 9 10	Producer Name and Number: 6105	FOR POLICY USE: Policy Number: # 213
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**MIDWEST SECURITY INSURANCE**  
1300 W. HIGGINS RD., # 213  
PARK RIDGE, IL 60068

Business/Garaging Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

City	State IL	Zip Code + 4	Territory	Binder Date	Binder Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Effective Date	Expiration Date	Term
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Mailing Address (If different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_  
ICC Filing: Yes / No \_\_\_\_\_ ICC Number: \_\_\_\_\_

Previous Carrier(s) ATTACH RENEWAL QUOTE, CURRENT DEC PAGE AND LOSS RUNS.	How Long Insured:	Date Terminated and Why:	Premiums/Losses :
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Describe Applicant's Operations:	Special Use Equipment Attached to Vehicles:	Materials Typically Carried or Used in Business:	How Long In Business:	Radius of Operations:
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APPLICANT REPRESENTS THAT THERE ARE NO OTHER DRIVERS OR REGULAR OPERATORS OTHER THAN THOSE LISTED BELOW.  
All Drivers/Operators must be listed and hold a valid Illinois driver's license. Failure to list a driver may result in denial of coverage. Drivers under the age of 21 are unacceptable for coverage under this policy.

LIST ALL DRIVERS BELOW: Space is provided on the back of this application for additional drivers.	DRIVER'S LICENSE #	Birthday			Gender	Married	Disc./	Occupation:
		MO	DAY	YEAR	M-F	S or M	Points	
1 APPLICANT								
2								
3								
4								

List all accidents/violations (regardless of fault) within the past 36 mos for each driver shown above:

DATE OF OCCURRENCE	DESCRIBE ACCIDENT/VIOLATION	DRIVER	DATE OF OCCURRENCE	DESCRIBE ACCIDENT/VIOLATION	DRIVER

Description of Owned/Leased Automobile(s)				Optional Equipment: On back of app give a description/value, (attach bill(s) of sale.)		G.V.W.	Vehicle Value	License Plate # and Type:
Auto	Model Year	Vehicle Make	Body Type/Exact Model	Vehicle Identification Number				
1								
2								
3								

Auto	Indicate LP or AI:	Loss Payee/Additional Insured's Full Name & Address: Any Losses under Comprehensive & Collision are payable to named insured and any lien holder or lessor listed below as interest may appear.	Leased Vehicle?
1			Yes / No
2			Yes / No
3			Yes / No

Indicate Coverages/Limits Here: Bodily Injury, Property Damage, and Uninsured & Underinsured Motorist Bodily Injury Limits are Policy-Wide. Consult Rate Manual for available	Bodily Injury: _____,000 Each Person _____,000 Each Accident	Property Damage: _____,000 Each Accident	Uninsured/Underinsured Motorist Bodily Injury: _____,000 Each Person _____,000 Each Accident	MEDICAL PAYMENTS: 1000 2000 5000 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<b>Uninsured Motorist Bodily Injury (UMBI) &amp; Underinsured Motorist Bodily Injury (UIMBI) Coverages Election/Rejection:</b> These coverages have been explained to me and I have been offered UMBI and matching UIMBI coverage in amounts up to my policy limits of Liability for Bodily Injury. I understand that this offer will only be made once and will not be repeated. I can change these coverages at any future date by written request. Understanding this offer: <input type="checkbox"/> I <b>REJECT</b> coverage in excess of minimum statutory limits for Uninsured and matching Underinsured Motorist Bodily Injury Coverage. (Sign below.) <input type="checkbox"/> I <b>ELECT</b> Uninsured & Underinsured Motorist Bodily Injury Coverage with limits of: _____ / _____. Write in limits and sign below. (Limits can not exceed the BI limits.)	Rate Class:	Comprehensive & Collision Deductibles:	Premium Per Auto:
	Auto 1:		\$
	Auto 2:		\$
	Auto 3:		\$
<b>Total Policy Premium:</b> Include Premium(s) from back of app.			\$

**Applicant's Statement:** The applicant has read this application and attests all answers given to the questions asked herein are truthful to the best of their knowledge and belief. The applicant states said answers were made as inducement to the insurance company to issue a policy and it is a special condition of this policy that the policy shall be **NULL and VOID** and no benefit or effect whatsoever as to any claim arising thereunder in the event that the attestations or statements in this application shall prove to be false or fraudulent in nature. It is understood that **NO COVERAGE** will be effective if the check given as down payment is not honored for true and good reasons by the bank upon which it was drawn. Applicant certifies that all persons age 21 and over employed by them or operating their vehicle(s) have been reported to the Company and the Applicant will inform the Company of any future additions. The Company relies on the contents of this application in issuing any policy or renewal.

Applicant's Signature: X \_\_\_\_\_ Date: / / Producer's Signature: \_\_\_\_\_ Date: / /

[OVER: FOR ADDITIONAL DRIVERS, VEHICLES AND EXCLUSION FORM.] IF UNUSED, BACK OF APP IS NOT NEEDED TO BIND.

**Additional Drivers: (If applicant has more than 10 Drivers please attach a schedule.)**

APPLICANT REPRESENTS THAT THERE ARE NO OTHER DRIVERS OR REGULAR OPERATORS OTHER THAN THOSE LISTED BELOW.

All Drivers/Operators must be listed and hold a valid Illinois driver's license. Failure to list a driver may result in denial of coverage. Drivers under the age of 21 are unacceptable for coverage under this policy.

LIST ALL DRIVERS BELOW:	DRIVER'S LICENSE #	Birthday			Gender	Married	Disc./	Occupation:
		MO	DAY	YEAR	M-F	S or M	Points	
5								
7								
8								
9								
10								

**List all accidents/violations (regardless of fault) within the past 36 mos for each driver shown above:**

DATE OF OCCURRENCE	DESCRIBE ACCIDENT/VIOLATION	DRIVER	DATE OF OCCURRENCE	DESCRIBE ACCIDENT/VIOLATION	DRIVER

**Additional Vehicles: (If applicant has more than 8 vehicles please attach a schedule.)**

Description of Owned/Leased Automobile(s) Optional Equipment: On back of app give a description/value, (attach bill(s) of sale.)

Auto	Model Year	Vehicle Make	Body Type/Exact Model	Vehicle Identification Number	G.V.W.	Vehicle Value	License Plate # and Type:
4							
5							
6							
7							
8							

**Loss Payee/Additional Insured's Full Name & Address:**

Any Losses under Comprehensive & Collision are payable to named insured and any lien holder or lessor listed below as interest may appear.

Indicate 9 or AI:	Loss Payee/Additional Insured's Full Name & Address:	Yes / No
		Yes / No
5		Yes / No
6		Yes / No
7		Yes / No
8		Yes / No

Rate Class: Auto 4:	Comprehensive & Collision Deductibles:	Premium Per Auto:	Rate Class: Auto 5:	Comprehensive & Collision Deductibles:	Premium Per Auto:	Rate Class: Auto 6:	Comprehensive & Collision Deductibles:	Premium Per Auto:
		\$			\$			\$
Rate Class: Auto 7:	Comprehensive & Collision Deductibles:	Premium Per Auto:	Rate Class: Auto 8:	Comprehensive & Collision Deductibles:	Premium Per Auto:	Total Premium This Side:		\$
		\$			\$	Include Premium(s) from this page under total premium section on front of application.		

**NAMED DRIVER EXCLUSION:** (Valid for this policy and all subsequent Renewals.) I agree that with respect to the insurance afforded under this policy or any continuation, renewal or replacement thereof, that American Service Insurance Company shall not be liable for any loss, damage and/or liability caused while my vehicle(s) is/are being operated by the following named person(s):

Name: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

Applicant's Signature: X \_\_\_\_\_

Additional Information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_