

... Wise

Finance and Insurance Products

COMMERCIAL INSURANCE APPLICATION

UNDERWRITTEN BY ALLSTATE INSURANCE GROUP

APPLICANT (Full Name and Other Named Insured): _____

ADDRESS (Mailing and Physical): _____

CONTACT/TELEPHONE: _____ FAX: _____

TYPE OF DEALERSHIP (Please check one): Franchise _____ Independent _____ Commercial Vehicles Yes ___ No ___

DEALERSHIP (Please check one): Individual: _____ Partnership: _____ Corporation: _____ Other: _____

TAX I.D.: _____ PROPOSED EFFECTIVE DATE: ____/____/____

PROGRAM OPTIONS: GAP _____ GAP Plus _____
(not valid with Non-Franchised program)

Rate for Waivers 120%: 0 - 60 mo.: \$ _____ 61 - 72 mo.: \$ _____ 73 - 84 mo.: \$ _____

Rate for Waivers 150%: 0 - 60 mo.: \$ _____ 61 - 72 mo.: \$ _____ 73 - 84 mo.: \$ _____
(not valid with Non-Franchised program)

VEHICLE TYPE: Auto: Y ___ N ___ Truck: Y ___ N ___ Other: Y ___ N ___
FINANCING TYPE: Loan: Y ___ N ___ Lease: Y ___ N ___ In House Funding: Y ___ N ___

The undersigned represent that to the best of his/her knowledge the statements set forth herein are true. The undersigned further represents that if the information supplied on these application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the company.

Signing of this application does not bind the Company to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.

For Ohio applicants:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Kentucky applicants:

Warning: Any person who knowingly, and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

I appoint the _____ as my agent of record.

Producer:

X

Address: _____

Applicant's Signature

Applicant Title

Signature Date

GAPWise, LLC

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