

MARKETED BY:
Insurance Consultants International
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WorldAuto Commercial Application

General Information

1. Date of Application: Requested Effective Date:

2. Organization Name: _____

3. Principle Mailing Address:

Contact Name: _____

Phone: _____ Fax: _____ E-mail: _____

4. U.S. Contact Address (if applicable):

U.S. Contact Name (if applicable): _____

Phone: _____ Fax: _____ E-mail: _____

5. Nature of Business/Description of Operations:

6. How did you hear about Clements International? _____

Commercial Automobile Information

7. Does your organization own or lease any vehicles? Yes No
8. Please provide the following information so that we can present you with a proposal for "All-Risks" Physical Damage insurance:

Vehicle	Year	Make	Model	Serial Number	Date Acquired
# 1					
Cyl.	New or Used	Acquired in (country)	Manufactured in (country)	Purchase Price (less Duty and Taxes)	U.S. Spec.
	<input type="text"/>				<input type="text"/>
List Options and Accessories					
<input type="text"/>					

Vehicle	Year	Make	Model	Serial Number	Date Acquired
#2					
Cyl.	New or Used	Acquired in (country)	Manufactured in (country)	Purchase Price (less Duty and Taxes)	U.S. Spec.
	<input type="text"/>				<input type="text"/>
List Options and Accessories					

Vehicle	Year	Make	Model	Serial Number	Date Acquired
# 3					
Cyl.	New or Used	Acquired in (country)	Manufactured in (country)	Purchase Price (less Duty and Taxes)	U.S. Spec.
	<input type="text"/>				<input type="text"/>
List Options and Accessories					

* If more than three vehicles, please attach a separate listing with complete information.

9. How are vehicles being used? _____

10. Provide garaging location(s). _____

If there are two or more vehicles, are vehicles garaged at: same site or different sites?

Describe garaging facilities:

11. What security is in place at garage site? _____

12. Are vehicles assigned to a single driver? Yes No

Do drivers receive safety training? Yes No

Are driver vehicle records checked? Yes No

13. Are you interested in receiving a quote for excess automobile liability insurance? Yes No

If so, please provide the following:

Name of insuring company providing Primary Liability: _____

Limit requested: \$500,000 \$1,000,000

14. Physical Damage deductible options: \$1,000 \$2,500 \$5,000

15. Have you had any automobile losses in the past five years? Yes No

If so, indicate date, type of loss and amount:

11. How are the vehicles titled? _____

12. Do you want war/terrorism included? _____

13. Available discounts: Multiple policy discount Fleets greater than 10 vehicles

Signed _____ Title _____ Date _____

You may submit your completed application by e-mail, fax or mail:

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