BROOKHURST
INSURANCE SERVICES

15760 Ventura Blvd.
Suite 1450
Encino, CA 91436
License # OI53637
Tel : (818) 465-7860
Fax: (818) 465-7858

AUTO APPLICATION

Company Name	DBA	SSN (optional)
Garaging Location: City, State, Zip	Mailing Address: City, State, Zip	Nature of Business
Telephone Number	Contact Name	E-Mail
Current Carrier	Current Policy Number	Years in Business

Deductible for Comprehensive: $_____ Deductible for Collision: $_____

Endorsements Needed? ☐ Yes ☐ No If yes, describe _____

Rental Car Coverage Needed? ☐ Yes ☐ No If yes, describe _____

Limits of Liability	Uninsured Motorist	Bodily Injury	Medical Payments
☐350,000	☐350,000	☐350,000	☐2,000 per person
☐500,000	☐500,000	☐500,000	☐2,500 per person
☐750,000	☐750,000	☐750,000	☐5,000 per person
☐1,000,000	☐1,000,000	☐1,000,000	☐10,000 per person
☐Other	☐Other	☐Other	☐Other

Use of Vehicle

Radius Of Operations ☐ 50 Miles ☐ 51-200 ☐ ≥200

Trucking Operations Only

Describe cargo hauled (packages, letters, weights, specific goods, and etc.) _____

Are vehicles used to haul hazardous material? ☐ Y ☐ N	Does cargo include steel? ☐ Y ☐ N

Notes

Driver's Name	Driver's DOB	Driver's DL #

Type of Vehicle	Year	Make	Model	VIN #	Loss Payee

Additional Equipment			
Additional Equipment ☐ Yes ☐ No	If yes, Type_____	Value $_____	VIN_____
Additional Equipment ☐ Yes ☐ No	If yes, Type_____	Value $_____	VIN_____
Additional Equipment ☐ Yes ☐ No	If yes, Type_____	Value $_____	VIN_____
Additional Equipment ☐ Yes ☐ No	If yes, Type_____	Value $_____	VIN_____

PLEASE, ATTACH CURRENT POLICY DECLARATION PAGE