# South Carolina Associated Auto Insurers Plan

## Business Auto Section

### Form Details
- **Producer Name:**
- **Applicant’s Name and Mailing Address:** Include county & ZIP+4
- **Effective Date:**
- **Expiration Date:**
- **Payment Option:** Full Term, Installments
- **Fire Dist:**
- **Coverages/Premiums:**
  - **Coverage:** Limits of Liability
  - **Premium:**
- **Endorsements, Forms, Conditions:**
- **Driver Information:** Include drivers who frequently use own vehicles
- **Vehicle Description and Use:**

## Form Layout

### 6. Coverages/Premiums

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Limits of Liability</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Limit Liability (CSL)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Bodily Injury Liability</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Property Damage Liability</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Uninsured Motorists</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Underinsured Motorists</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Comprehensive</td>
<td>See Veh Sched (ACORD 129 SC)</td>
<td>$</td>
</tr>
<tr>
<td>Collision</td>
<td>See Veh Sched (ACORD 129 SC)</td>
<td>$</td>
</tr>
<tr>
<td>Hired/Borrowed</td>
<td>States CODE COST OF HIRE RATE</td>
<td>$</td>
</tr>
<tr>
<td>Non-Owned Liability</td>
<td>States CODE # EMPLOYEES</td>
<td>$</td>
</tr>
<tr>
<td>Merit Rating Point Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 7. Driver Information

<table>
<thead>
<tr>
<th>DRV #</th>
<th>Name (Include Address, If Required)</th>
<th>Date of Birth</th>
<th>Drivers License #</th>
<th>State Lic</th>
<th>Social Security #</th>
<th>Use Veh</th>
<th>%-Use</th>
</tr>
</thead>
</table>

### 8. Vehicle Description and Use

<table>
<thead>
<tr>
<th>VEH #</th>
<th>Year</th>
<th>Make/Model</th>
<th>Body Type</th>
<th>Vin</th>
<th>GVW/ GCW</th>
<th>Class</th>
<th>Factor</th>
<th>Seat Cap</th>
<th>Radius</th>
<th>Veh Cost New Symbol Age Grp</th>
<th>Farthest Terminal</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY, STATE, ZIP WHERE GARAGED:</td>
<td>TERR:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Form Version
- **SCAIP-25 (2/99)**
- **ACORD 178 SC (2/99)**
- **PLEASE COMPLETE REVERSE SIDE**
- © ACORD CORPORATION 1999
9. ADDITIONAL INTEREST

INTEREST RANK:

ADDITIONAL INSURED

NAME AND ADDRESS

REFERENCE #:

CERTIFICATE REQUIRED

INTEREST IN ITEM NUMBER

SCHEDULED ITEM NUMBER

OTHER

10. GENERAL INFORMATION

EXPLAIN ALL “YES” RESPONSES IN REMARKS

YES NO

1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?

4. IS A FINANCIAL RESPONSIBILITY FILING REQUIRED?

5. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.

2. ARE ANY VEHICLES LEASED TO OTHERS?

6. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?

3. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?

7. HAS COVERAGE BEEN REFUSED?

QUESTION #7 -- PLEASE PROVIDE NAME OF INSURANCE COMPANY OR AGENT AND REASON(S) AND APPROXIMATE DATE COVERAGE WAS REFUSED.

11. REMARKS

FOR COMPANY USE ONLY

12. ATTACHMENTS

STATE SUPPLEMENT (UM/UIM)

COPY OF REGISTRATION/BILL OF SALE

COPY OF MOTOR VEHICLE REPORT

DRIVER TRAINING CERTIFICATE

ACCIDENT PREVENTION CERTIFICATE

TWO PHOTOGRAPHS

GARAGE AND DEALERS SECTION

13. SIGNATURES

FAIR CREDIT REPORTING ACT NOTICE: In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the servicing carrier to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual’s written request, will disclose in writing the nature and scope of the investigation requested, if such a report is procured.

APPLICANT’S STATEMENT: I have read the above application and I declare: (1) I have tried to obtain automobile insurance in the voluntary market from an insurer licensed to transact business in this state within the preceding 60 days and have been unable to obtain such insurance. (2) To the best of my knowledge and belief all statements contained in this application are true and correct and these statements are offered as an inducement to the servicing carrier to issue the policy for which I am applying. (3) I realize that any false or misleading information or failure to disclose required information will not be considered good faith on my part and will prejudice my application for insurance. (4) I understand that the premium indicated in item #6 of this application is an estimated premium and may be subject to modification. (5) I hereby agree to pay in full all premiums when due. (6) I or any other named insured for which this application applies do not owe any insurance company for automobile premiums past due or contracted, and I understand that this application can be rejected if such past due premium has not been paid. (7) I understand that if physical damage coverage has been requested in Item #6, photos of said vehicle(s) must accompany this application for physical damage coverage to be in effect. (8) I designate as producer of record for this insurance, the producer, or firm named in this application, I understand he/she is not acting as an agent of any servicing carrier or the South Carolina Associated Auto Insurers Plan for the purpose of this insurance. However, said producer as a certified producer has the authority to submit this application to the South Carolina Associated Auto Insurers Plan on my behalf.

APPLICANT’S SIGNATURE: 

DATE: 

HOUR: __ AM __ PM

EVIDENCE OF INSURANCE: In no event shall coverage be effective prior to the date and hour of completion of this application. The applicant hereby authorizes any insurer that may previously have provided coverage to the applicant or to additional named insured to provide records, data or information concerning prior coverage to the Plan or the servicing carrier. The applicant agrees that a reproduction of this authorization shall be considered as effective and valid as the original.

PERSON AUTHORIZED TO SIGN FOR APPLICANT: 

DATE: 

HOUR: __ AM __ PM

PRODUCER’S STATEMENT: I do hereby certify that I am a licensed broker or agent of the State of South Carolina. I have read the South Carolina Associated Auto Insurers Plan, have explained the provisions to the applicant, have reviewed payment options available through the Plan, and have included in this application all required information given to me by the applicant and will supply the applicant with a copy of this application. In the event the policy is cancelled or a change is made resulting in a return premium to the insured, I agree to return the unearned commission portion of such return premium. I further certify this application is submitted pursuant to the effective date provisions contained in the South Carolina Associated Auto Insurers Plan.

PRODUCER SIGNATURE: 

HOW LONG HAVE YOU KNOWN THE APPLICANT?

ACORD 178 SC (2/99)