



Sattler Insurance Agency

Auto Submission Instructions

Name	
Mailing Address	
City, State, ZIP	

Please return the following information to obtain a quote.

Forms (faxed copy is sufficient, the originals are not required)

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- Driver's List**
 - Auto Livery Coverage Application**
 - Vehicle Schedule**
 - If any of your vehicles have a hitch, please indicate if the hitch is a fifth wheel hitch or ball at the bumper hitch.
 - If you have a trailer, please indicate the length of the trailer.
 - Please indicate if you have a bank that will need proof of coverage.

**Return to: Sattler Insurance Agency
1504 8th Street
Lewiston, ID 83501**

**Fax: 1-208-748-9433
Email: sattler@sattlerins.com**

The quote will be based on clear driving records and the premium may change as the quote is subject to current Motor Vehicle Records

Commercial Auto Schedule

Desired Effective Date: _____

PLEASE LIST THE VEHICLES THAT YOU WOULD LIKE TO START ON THIS POLICY. VEHICLES THAT ARE NOT BEING USED UNTIL LATER IN YOUR SEASON MAY BE ADDED AT A LATER DATE WITH A WRITTEN REQUEST.

YEAR-MAKE-MODEL			VIN#	LOCATION	If you want comprehensive or collision coverage complete the following for each vehicle requiring that coverage		Miscellaneous	
Year	Make	Model	Complete VIN	Garaging Zipcode:	Comp Dedt	Collision Dedt	Radius-Air miles one-way	Seating Capacity
					Vehicle Value	Vehicle Value		

Signature of Insured: _____

Date _____

Auto Livery Coverage Application

Account Information

Are any vehicles EVER loaned to, leased to or rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you lease or rent vehicles from others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you check Motor Vehicle Reports on all drivers before hiring them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any vehicles used for commercial purposes in your off season? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the owner involved in the daily operations of the business? <i>If yes, please advise the following for a possible credit to your policy:</i> Owners Name: _____ Complete Home Address: _____ Date of Birth: _____ Social Security Number: _____ Year started in current industry: _____ **A credit check will be performed.**	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Employer Identification Number:	
Year Business was established:	

Explain "YES" answers:

PUC/DOT Filings	<input type="checkbox"/> Check here if none
PUC Docket Number:	
ICC/DOT Docket Number:	
Name:	
DBA:	
Address:	
(NOTE: you must show your name, address and filing number EXACTLY as it appears on your regulatory permit!)	
<input type="checkbox"/> TK 676 Liability and Property Damage	
<input type="checkbox"/> Form E Liability Docket #	

**THIS IS AN APPLICATION FOR INSURANCE.
THIS IS NOT A BINDER OF INSURANCE.**

