



\*\*Please provide pictures of the vehicle for Comprehensive and Collision coverage\*\*

\*\*Please provide a picture of a valid Drivers License\*\*

\*\*For additional coverages (medical payments/uninsured motorist) or questions about your limits and deductibles ask your agent or carrier\*\*

**APPLICATION FOR INSURANCE**

Policy Effective:		Full Business Name:		Contact Email Address:	
Number of Drivers:		Mailing Address:		Business Address:	
Form of Business	LLC	Contact Phone:		Office Phone:	
	Corporation				
	Individual				
I fully own this Vehicle		This is a leased vehicle (provide lease agreement)		I have financed this vehicle through a bank (fill out loss payee information below)	
Additional Interest/ Loss Payee (if any)		Name:		Address:	
Do you have prior Insurance?		No	Yes	Insurance Company/Policy #	
Length of Time in Business/Management		Less than 3 Years	3-10 years	10+ Years	
Do you have Service Schedules?	No	Yes	Do you have an Employee training program?	No	Yes
Do you have Random Drug Testing?	No	Yes	Do you have periodic safety meetings	No	Yes
Do you have a Safety Award System?	No	Yes	Do you have Safety Literature for employees?	No	Yes
Do other parties add you as Additional Insured?	No	Yes	Do you use Hold Harmless Agreements?	No	Yes
Do you have risk transfer arrangements?	No	Yes	Do you use Telemetrics (Trackers, Cameras, Etc..)	No	Yes
Vehicle (if more than one, see driver/vehicle schedule)	Make:	Model:	Year:	Class:	VIN#
Limits	BI	PD	Deductibles	Comp.	Coll.
Additional Coverages					

**READ BEFORE SIGNING**

Your policy was based on coverages, terms and conditions unless otherwise stated. As such, please be aware that it is your responsibility to advise our office of changes, citations, losses, or violations that may affect your insurance coverage. Such changes, citations, losses or violations that may affect your insurance coverage include, but are not limited to, accidents (whether at fault or not), any traffic violations, changes in named drivers or changes in medical condition restricting the insured's or any other drivers' ability to drive a motor vehicle. Failure to disclose all information that might influence insurers in reaching a decision on their premium, terms and conditions of the insurance contract may entitle insurers to void all coverage in the event of a claim.

**Keswick Guaranty Inc.**

Signature of Authorized Representative

Authorized Keswick Signature



**VEHICLE/DRIVER SCHEDULE**

**Vehicle Schedule**

Vehicle No.	Year	Make	Model	VIN Number	Additional Interest / Loss Payee (if any)	BI/PD Limits	Comp/Coll Deductible	Additional Coverages	Vehicle Class
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

**DRIVER SCHEDULE**

Driver Name	DOB	Age	Male/Female	Position
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				