

CMT SUBMISSION CHECKLIST 2007

Insured: _____ State: _____

X-Date: _____ Quote By: _____

_____ **CMT Supplemental Application:**

_____ Historical Vehicle & Premium Section _____ Wheelchair Section (if applicable)
_____ Stretcher Section (if applicable) _____ Hired & Non-Owned Section (if applicable)

_____ **LOSS RUNS (must be valued within 90 days of expiration):**

_____ '06-'07 Hard Copy Company Loss Runs Company: _____
Policy Incept: _____ Valued: _____

_____ '05-'06 Hard Copy Company Loss Runs Company: _____
Policy Incept: _____ Valued: _____

_____ '04-'05 Hard Copy Company Loss Runs Company: _____
Policy Incept: _____ Valued: _____

_____ '03-'04 Hard Copy Company Loss Runs Company: _____
Policy Incept: _____ Valued: _____

_____ '02-'03 Hard Copy Company Loss Runs Company: _____
Policy Incept: _____ Valued: _____

_____ **ACORD Commercial Application (ACORD 125):**

_____ FEIN Number

_____ **ACORD Auto Application (ACORD 127):**

_____ Filings? (Y/N) _____ Seating Capacities
_____ Stated Values for all units _____ Additional Interests Schedule

_____ **ACORD GL Application (if applicable):**

_____ Square footage of office/garage at each location _____ Additional Interests Schedule
_____ Square footage of outside parking area at each location

_____ **ACORD Excess Application (if applicable)**

_____ **Drivers Information:**

_____ Dates of Birth _____ Dates of Hire
_____ License Numbers _____ Current MVR's

Agent: _____

Contact: _____

Agent Phone #: _____ Agent Fax #: _____

Agent E-mail: _____