



Seguros N. Colón, Inc.

APARTADO 1267, AIBONITO, PR 00705-1267
 Tel. (787) 735-8031 • Fax (787) 735-0222

BUSINESS AUTOMOBILE APPLICATION

1. Applicant's Name:
 Address:

2. Form of Applicant's Business:
 Corporation Partnership Individual Other _____

3. Applicant's Business:

4. Policy Period:
From _____ **To** _____
 (12:00 am Standard Time of Applicant's Address Stated Above)

5. Coverage and Limits of Liability Desired:

COVERAGE	LIMITS OF LIABILITY
<input type="checkbox"/> Liability Insurance	\$ any one accident
<input type="checkbox"/> Bodily Injury Liability	\$ each person each accident
<input type="checkbox"/> Property Damage Liability	\$ each accident
<input type="checkbox"/> Auto Medical Payments Insurance	\$ each insured
<input type="checkbox"/> Uninsured Motorists Insurance	\$ any one accident
<input type="checkbox"/> Hired Automobile Liability	Same as Liability Insurance, or Bodily Injury and Property Damage
<input type="checkbox"/> Non-owned Automobile Liability	Same as Liability Insurance, or Bodily Injury and Property Damage

COVERAGE & LIMITS OF LIABILITY
<input type="checkbox"/> Collision, as per Schedule attached
<input type="checkbox"/> Comprehensive, as per Schedule attached
<input type="checkbox"/> Fire, as per Schedule attached
<input type="checkbox"/> Fire, and Theft, as per Schedule attached
<input type="checkbox"/> Specified perils, as per Schedule attached

6. Check, if automobiles are used to transport:
 Passengers for Hire Explosives Flammable or Liquefied Petroleum Gas
 Chemicals Other Hazardous Items, describe: _____

7. Has automobile insurance similar to that applied been cancelled, declined or renewal refused within the past three years? Yes No
If "Yes", state name of Insurance Company and reason for cancellation:

8. Complete **Schedule of Ownes Automobiles** forming part of this application:

