



AGENCY CUSTOMER ID: _____

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY)

9/21/2012

AGENCY MERCER INSURANCE AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S) IDEAL INVESTMENT INC		

COVERAGES / LIMITS**USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION****DRIVER INFORMATION****ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	Jason Eastman	m		11/29/1980			RR178348	oh					
2	Charles Evans	m		04/24/1966			RH601314	oh					
3	Reber Hamilton	m		09/15/1951			RM089046	oh					
4	Mark Hyll	m		08/08/1958			RD345807	oh					
5	Jeff Kamer	m		05/20/1967			RN398909	oh					
6	Michael Miller	m		11/29/1967			RQ405101	OH					
7	Robert Miller	m		10/17/1938			RP504504	oh					
8	Robert Miller Jr	m		12/12/1965			RQ405244	oh					
9	Earl White Jr	m		06/16/1959			RS737530	oh					
10	Brian Brilsley	m		05/25/1968			RR947386	oh					

* MARITAL STATUS / CIVIL UNION (if applicable)

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES													Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?													
VEH #	NAME OF OTHER OWNER					VEH #	NAME OF OTHER OWNER						
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?													N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?													
4. ARE ANY VEHICLES LEASED TO OTHERS?													N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)													
VEH #	DESCRIPTION				COST	VEH #	DESCRIPTION				COST		
					\$						\$		
6. ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)													

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES	Y / N										
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	N										
8. ANY HOLD HARMLESS AGREEMENTS?	N										
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.											
10. DOES THE APPLICANT OBTAIN MVR (Motor Vehicle Record) VERIFICATIONS?	Y										
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	N										
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	N										
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?											
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.</small> <table border="1" style="width:100%; margin-top: 5px;"> <thead> <tr> <th style="width:10%;">DRV #</th> <th style="width:30%;">DATE (MM/DD/YYYY)</th> <th style="width:30%;">TYPE</th> <th style="width:30%;">PLACE (CITY, STATE)</th> <th style="width:10%;"># YRS REV</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV						
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15. HAS AGENT INSPECTED VEHICLES?	Y										
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS 3700 Sulivant Av Columbus Oh 43215	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	ACORD 45 attached for additional names										
<table style="width:100%;"> <tr> <td style="width:50%;"> INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> </td> <td style="width:50%;"> <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> </td> </tr> </table>	INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/>	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/>	<table style="width:100%;"> <tr> <td style="width:40%;">NAME AND ADDRESS RANK: _____</td> <td style="width:10%;">EVIDENCE: _____</td> <td style="width:10%;">CERTIFICATE _____</td> <td style="width:40%;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">REFERENCE / LOAN #: _____</td> </tr> </table>	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____		REFERENCE / LOAN #: _____			
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NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____									
REFERENCE / LOAN #: _____											

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

VEH # 1	YEAR 2002	MAKE: Ford	MODEL: box truck 24 ft box	BODY TYPE: box truck	V.I.N.: 1FDXE45P03HA42110	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM		
GARAGING ADDRESS 3700 Sulivant Av	STREET (Required in KY)		CITY Columbus	COUNTY Franklin		STATE OH	ZIP 43215				
LIC STATE oh	TERR 03	GVW / GCW 26,000		CLASS	SIC	FACTOR	SEAT CP	RADIUS 500	FARTHEST TERMINAL	COST NEW \$	
USE PLEASURE <input checked="" type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR <input checked="" type="checkbox"/>	F FT <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT	ACV \$ 500	COMP/OTC <input checked="" type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$							

VEH # 2	YEAR 1995	MAKE: FRUEHAUF	MODEL: TRAILER	BODY TYPE: TRAILER	V.I.N.: 1H2V0532XFE027851	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM		
GARAGING ADDRESS 3700 Sulivant Av	STREET (Required in KY)		CITY COLUMBUS	COUNTY FRANKLIN		STATE OH	ZIP 43215				
LIC STATE OH	TERR 3	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$	
USE PLEASURE <input checked="" type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR <input checked="" type="checkbox"/>	F FT <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT	ACV \$ 500	COMP/OTC <input checked="" type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$							

VEH # 3	YEAR 1994	MAKE: TRAILER CRAFT	MODEL: TRAILER	BODY TYPE: TRAILER	V.I.N.: 1FTC1JAHGRG000844	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM		
GARAGING ADDRESS 3700 Sulivant Av	STREET (Required in KY)		CITY COLUMBUS	COUNTY FRANKLIN		STATE OH	ZIP 43215				
LIC STATE OH	TERR 3	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$	
USE PLEASURE <input checked="" type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR <input checked="" type="checkbox"/>	F FT <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT	ACV \$ 500	COMP/OTC <input checked="" type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$							

VEH # 4	YEAR 1996	MAKE: TRAILMOBILE	MODEL: TRAILER	BODY TYPE: TRAILER	V.I.N.: 1FT01JAH0T9007030	VEHICLE TYPE PP <input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML	SYM / AGE	COMP / OTC SYM	COLL SYM		
GARAGING ADDRESS 3700 Sulivant Av	STREET (Required in KY)		CITY COLUMBUS	COUNTY FRANKLIN		STATE OH	ZIP 43215				
LIC STATE OH	TERR 3	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW \$	
USE PLEASURE <input checked="" type="checkbox"/> FARM <input type="checkbox"/>	COMM'L <input type="checkbox"/>	FOR HIRE <input type="checkbox"/>	CHECK COVERAGES NO-FAULT <input checked="" type="checkbox"/>	ADD'L NO-FAULT <input checked="" type="checkbox"/>	UNDRINS MOTOR TOWING & LABOR <input checked="" type="checkbox"/>	F FT <input checked="" type="checkbox"/>	LSP COMP/OTC <input checked="" type="checkbox"/>	RENT REIMB FG	DEDUCTIBLES AA <input type="checkbox"/> ST AMT	ACV \$ 500	COMP/OTC <input checked="" type="checkbox"/> SPEC C OF L
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$							

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER