



# AMERIND Auto Application

All questions must be answered to obtain quote

AMERIND Commercial Lines  
502 Cedar Drive  
Santa Ana Pueblo NM, 87004  
Phone Number: 505-404-5000  
Fax Number: 505-404-5001  
[cluw@amerind.com](mailto:cluw@amerind.com)

## PRIMARY ACCOUNT HOLDER

NAMED INSURED (LEGAL ENTITY NAME) \_\_\_\_\_

TRIBAL AFFILIATION \_\_\_\_\_

MAILING ADDRESS CITY, STATE, ZIP  
( ) \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_

UNDERWRITING CONTACT \_\_\_\_\_

UNDERWRITING CONTACT EMAIL \_\_\_\_\_

PHYSICAL ADDRESS CITY, STATE, ZIP  
( ) \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

WEBSITE \_\_\_\_\_

CLAIM CONTACT \_\_\_\_\_

CLAIM CONTACT EMAIL \_\_\_\_\_

## BUSINESS ENTITY TYPE

|  |   |  |
|--|---|--|
| <input type="checkbox"/> TRIBAL GOVERNMENT                   | <input type="checkbox"/> PARTNERSHIP                      | <input type="checkbox"/> NON-PROFIT                    |
| <input type="checkbox"/> HOUSING DEPARTMENT                  | <input type="checkbox"/> TRIBAL DESIGNATED HOUSING ENTITY | <input type="checkbox"/> INDIAN HOUSING AUTHORITY      |
| <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (LLP) | <input type="checkbox"/> LIMITED LIABILITY COMPANY(LLC)   | <input type="checkbox"/> SOLE PROPRIETOR               |
| <input type="checkbox"/> CORPORATION                         | <input type="checkbox"/> SECTION 17 - CORPORATION         | <input type="checkbox"/> OTHER (PLEASE DESCRIBE) _____ |

## CURRENT INSURANCE

CURRENT INSURANCE COMPANY: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ ANNUAL PREMIUM: \_\_\_\_\_ PROPOSED EFFECTIVE DATE: \_\_\_\_\_

CURRENT AUTO LIABILITY LIMIT:  \$100,000  \$300,000  \$500,000  \$1,000,000  OTHER \$ \_\_\_\_\_

CURRENT DEDUCTIBLE: COMPREHENSIVE: \$ \_\_\_\_\_ COLLISION: \$ \_\_\_\_\_ SPECIFIED CAUSES OF LOSS: \$ \_\_\_\_\_

DOES YOUR INSURANCE COMPANY MEET YOUR CUSTOMER SERVICE EXPECTATIONS?  YES  NO



# AMERIND Auto Application

All questions must be answered to obtain quote

AMERIND Commercial Lines  
 502 Cedar Drive  
 Santa Ana Pueblo NM, 87004  
 Phone Number: 505-404-5000  
 Fax Number: 505-404-5001  
[cluw@amerind.com](mailto:cluw@amerind.com)

## REQUESTED LIMITS AND DEDUCTIBLES

### AUTO LIABILITY LIMITS

| COVERAGE TYPE   | LIMIT SELECTIONS  | CHECK IF COVERAGE IS DECLINED              |
|---|---|--|
| <b>AUTO LIABILITY LIMIT<br/>COMBINED SINGLE LIMIT (CSL)</b> | <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> - OTHER \$ _____. | <input type="checkbox"/> -DECLINE COVERAGE |
| <b>MEDICAL PAYMENTS</b>                                     | <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> - OTHER \$ _____.  | <input type="checkbox"/> -DECLINE COVERAGE |
| <b>UNINSURED MOTORIST/<br/>UNDERINSURED MOTORIST LIMITS</b> | <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> - OTHER \$ _____. | <input type="checkbox"/> -DECLINE COVERAGE |
| <b>UNINSURED MOTORIST<br/>PROPERTY DAMAGE</b>               | <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000              | <input type="checkbox"/> -DECLINE COVERAGE |
| <b>PERSONAL INJURY PROTECTION</b>                           | <input type="checkbox"/> STANDARD LIMIT <input type="checkbox"/> OPTIONAL-ADDED PERSONAL INJURY PROTECTION  | <input type="checkbox"/> -DECLINE COVERAGE |

### AUTO PHYSICAL DAMAGE COVERAGE

COMPREHENSIVE AND COLLISION COVERAGES WILL APPLY TO ALL AUTOS UNLESS EXCEPTIONS ARE NOTED ON THE VEHICLE SCHEDULE.  
 ALL AUTOS MUST BE SCHEDULED FOR COVERAGE TO APPLY.

| COVERAGE TYPE   | CHECK IF COVERAGE IS REQUIRED | DEDUCTIBLE AND LIMIT SELECTIONS   |
|---|-------------------------------|---|
| <b>COLLISION DEDUCTIBLE</b>   | <input type="checkbox"/>      | <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000<br><input type="checkbox"/> OTHER \$ _____. |
| <b>COMPREHENSIVE DEDUCTIBLE</b>   | <input type="checkbox"/>      | <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000<br><input type="checkbox"/> OTHER \$ _____. |
| <b>SPECIFIED CAUSES OF LOSS<br/>DEDUCTIBLE<br/>(SELECT ONLY SCOL OR COMP)</b> | <input type="checkbox"/>      | <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000<br><input type="checkbox"/> OTHER \$ _____. |
| <b>TOWING AND LABOR LIMIT</b>   | <input type="checkbox"/>      | <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300<br>(ONLY APPLIES TO PRIVATE PASSENGER TYPE AUTOS)                                    |



# AMERIND Auto Application

All questions must be answered to obtain quote

AMERIND Commercial Lines  
 502 Cedar Drive  
 Santa Ana Pueblo NM, 87004  
 Phone Number: 505-404-5000  
 Fax Number: 505-404-5001  
[cluw@amerind.com](mailto:cluw@amerind.com)

## REQUESTED COVERAGE SYMBOLS

| COVERAGES  | SYMBOLS REQUESTED  |  |                                      |  |  |
|--|--|--|--------------------------------------|--|--|
|  | MOST COMMON SYMBOLS LISTED PER COVERAGE - CHECK ALL THAT APPLY |  |                                      |  |  |
| AUTO LIABILITY   | <input type="checkbox"/> SYMBOL 1                              | <input type="checkbox"/> SYMBOL 2      | <input type="checkbox"/> SYMBOL 7    | <input type="checkbox"/> SYMBOLS 7,8,9 | <input type="checkbox"/> SYMBOLS 2,8,9<br><input type="checkbox"/> OTHER _____ |
| PERSONAL INJURY PROTECTION (OR EQUIVALENT NO-FAULT COVERAGE)               | <input type="checkbox"/> SYMBOL 5                              | <input type="checkbox"/> SYMBOL 7      | <input type="checkbox"/> OTHER _____ |  |  |
| ADDED PERSONAL INJURY PROTECTION (OR EQUIVALENT ADDED NO-FAULT COVERAGE)   | <input type="checkbox"/> SYMBOL 5                              | <input type="checkbox"/> SYMBOL 7      | <input type="checkbox"/> OTHER _____ |  |  |
| AUTO MEDICAL PAYMENTS  | <input type="checkbox"/> SYMBOLS 2,8,9                         | <input type="checkbox"/> SYMBOLS 7,8,9 | <input type="checkbox"/> OTHER _____ |  |  |
| UNINSURED MOTORISTS  | <input type="checkbox"/> SYMBOLS 2,8,9                         | <input type="checkbox"/> SYMBOLS 7,8,9 | <input type="checkbox"/> OTHER _____ |  |  |
| UNDERINSURED MOTORISTS (WHEN NOT INCLUDED IN UNINSURED MOTORISTS COVERAGE) | <input type="checkbox"/> SYMBOLS 2,8,9                         | <input type="checkbox"/> SYMBOLS 7,8,9 | <input type="checkbox"/> OTHER _____ |  |  |
| UNINSURED MOTORISTS (VIRGINIA ONLY)  | <input type="checkbox"/> SYMBOLS 2,8,9                         | <input type="checkbox"/> SYMBOLS 7,8,9 | <input type="checkbox"/> OTHER _____ |  |  |
| PHYSICAL DAMAGE COMPREHENSIVE COVERAGE                                     | <input type="checkbox"/> SYMBOL 2                              | <input type="checkbox"/> SYMBOL 7      | <input type="checkbox"/> SYMBOLS 7,8 | <input type="checkbox"/> SYMBOLS 2,8   | <input type="checkbox"/> OTHER _____   |
| PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE                          | <input type="checkbox"/> SYMBOL 2                              | <input type="checkbox"/> SYMBOL 7      | <input type="checkbox"/> SYMBOLS 7,8 | <input type="checkbox"/> SYMBOLS 2,8   | <input type="checkbox"/> OTHER _____   |
| PHYSICAL DAMAGE COLLISION COVERAGE   | <input type="checkbox"/> SYMBOL 2                              | <input type="checkbox"/> SYMBOL 7      | <input type="checkbox"/> SYMBOLS 7,8 | <input type="checkbox"/> SYMBOLS 2,8   | <input type="checkbox"/> OTHER _____   |
| PHYSICAL DAMAGE TOWING AND LABOR   | <input type="checkbox"/> SYMBOL 3                              | <input type="checkbox"/> SYMBOL 7      | <input type="checkbox"/> SYMBOL 8    | <input type="checkbox"/> OTHER _____   |  |

## AMERIND Auto Application

All questions must be answered to obtain quote

| SYMBOL | DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS  |   |
|--------|--|---|
| 1      | ANY "AUTO"   |   |
| 2      | OWNED "AUTOS" ONLY   | ONLY THOSE "AUTOS" YOU OWN (AND FOR COVERED AUTOS LIABILITY COVERAGE ANY "TRAILERS" YOU DON'T OWN WHILE ATTACHED TO POWER UNITS YOU OWN). THIS INCLUDES THOSE "AUTOS" YOU ACQUIRE OWNERSHIP OF AFTER THE POLICY BEGINS.   |
| 3      | OWNED PRIVATE PASSENGER "AUTOS" ONLY   | ONLY THE PRIVATE PASSENGER "AUTOS" YOU OWN. THIS INCLUDES THOSE PRIVATE PASSENGER "AUTOS" YOU ACQUIRE OWNERSHIP OF AFTER THE POLICY BEGINS.   |
| 4      | OWNED "AUTOS" OTHER THAN PRIVATE PASSENGER "AUTOS" ONLY  | ONLY THOSE "AUTOS" YOU OWN THAT ARE NOT OF THE PRIVATE PASSENGER TYPE (AND FOR COVERED AUTOS LIABILITY COVERAGE ANY "TRAILERS" YOU DON'T OWN WHILE ATTACHED TO POWER UNITS YOU OWN). THIS INCLUDES THOSE "AUTOS" NOT OF THE PRIVATE PASSENGER TYPE YOU ACQUIRE OWNERSHIP OF AFTER THE POLICY BEGINS.  |
| 5      | OWNED "AUTOS" SUBJECT TO NO-FAULT  | ONLY THOSE "AUTOS" YOU OWN THAT ARE REQUIRED TO HAVE NO-FAULT BENEFITS IN THE STATE WHERE THEY ARE LICENSED OR PRINCIPALLY GARAGED. THIS INCLUDES THOSE "AUTOS" YOU ACQUIRE OWNERSHIP OF AFTER THE POLICY BEGINS PROVIDED THEY ARE REQUIRED TO HAVE NO-FAULT BENEFITS IN THE STATE WHERE THEY ARE LICENSED OR PRINCIPALLY GARAGED.                  |
| 6      | OWNED "AUTOS" SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW  | ONLY THOSE "AUTOS" YOU OWN THAT BECAUSE OF THE LAW IN THE STATE WHERE THEY ARE LICENSED OR PRINCIPALLY GARAGED ARE REQUIRED TO HAVE AND CANNOT REJECT UNINSURED MOTORISTS COVERAGE. THIS INCLUDES THOSE "AUTOS" YOU ACQUIRE OWNERSHIP OF AFTER THE POLICY BEGINS PROVIDED THEY ARE SUBJECT TO THE SAME STATE UNINSURED MOTORISTS REQUIREMENT.       |
| 7      | SPECIFICALLY DESCRIBED "AUTOS"   | ONLY THOSE "AUTOS" DESCRIBED IN ITEM THREE OF THE DECLARATIONS FOR WHICH A PREMIUM CHARGE IS SHOWN (AND FOR COVERED AUTOS LIABILITY COVERAGE ANY "TRAILERS" YOU DON'T OWN WHILE ATTACHED TO ANY POWER UNIT DESCRIBED IN ITEM THREE).  |
| 8      | HIRED "AUTOS" ONLY   | ONLY THOSE "AUTOS" YOU LEASE, HIRE, RENT OR BORROW. THIS DOES NOT INCLUDE ANY "AUTO" YOU LEASE, HIRE, RENT OR BORROW FROM ANY OF YOUR "EMPLOYEES", PARTNERS (IF YOU ARE A PARTNERSHIP), MEMBERS (IF YOU ARE A LIMITED LIABILITY COMPANY) OR MEMBERS OF THEIR HOUSEHOLDS.  |
| 9      | NON-OWNED "AUTOS" ONLY   | ONLY THOSE "AUTOS" YOU DO NOT OWN, LEASE, HIRE, RENT OR BORROW THAT ARE USED IN CONNECTION WITH YOUR BUSINESS. THIS INCLUDES "AUTOS" OWNED BY YOUR "EMPLOYEES", PARTNERS (IF YOU ARE A PARTNERSHIP), MEMBERS (IF YOU ARE A LIMITED LIABILITY COMPANY) OR MEMBERS OF THEIR HOUSEHOLDS BUT ONLY WHILE USED IN YOUR BUSINESS OR YOUR PERSONAL AFFAIRS. |
| 19     | MOBILE EQUIPMENT SUBJECT TO COMPULSORY OR FINANCIAL RESPONSIBILITY OR OTHER MOTOR VEHICLE INSURANCE LAW ONLY | ONLY THOSE "AUTOS" THAT ARE LAND VEHICLES AND THAT WOULD QUALIFY UNDER THE DEFINITION OF "MOBILE EQUIPMENT" UNDER THIS POLICY IF THEY WERE NOT SUBJECT TO A COMPULSORY OR FINANCIAL RESPONSIBILITY LAW OR OTHER MOTOR VEHICLE INSURANCE LAW WHERE THEY ARE LICENSED OR PRINCIPALLY GARAGED.   |



# AMERIND Auto Application

All questions must be answered to obtain quote

AMERIND Commercial Lines  
 502 Cedar Drive  
 Santa Ana Pueblo NM, 87004  
 Phone Number: 505-404-5000  
 Fax Number: 505-404-5001  
[cluw@amerind.com](mailto:cluw@amerind.com)

## HIRED (OR BORROWED) AND NON-OWNED AUTO

| HIRED (OR BORROWED) AUTO  |   |
|---|---|
| HIRED AUTO LIABILITY  | ESTIMATED ANNUAL COST OF HIRE \$ _____  |
| HIRED AUTO PHYSICAL DAMAGE REQUESTED DEDUCTIBLES  | COMPREHENSIVE \$ _____ OR SPECIFIED CAUSES OF LOSS \$ _____<br>COLLISION \$ _____ |
| NON-OWNED AUTO  |   |
| NON-OWNED AUTO LIABILITY - <b>SOCIAL SERVICE AGENCIES</b>   | # OF EMPLOYEES _____<br># OF VOLUNTEERS _____                                     |
| NON-OWNED AUTO LIABILITY - <b>GARAGE SERVICE OPERATIONS</b>   | # OF EMPLOYEES _____<br>(WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF AUTOS)    |
| NON-OWNED AUTO LIABILITY - <b>OTHER THAN GARAGE SERVICE OPERATIONS AND OTHER THAN SOCIAL SERVICE AGENCIES</b> | # OF EMPLOYEES _____<br># OF PARTNERS _____                                       |

## OPERATIONS INFORMATION

### USE OF VEHICLES

(IF YOU ANSWERED **YES** TO QUESTIONS UNDER **USE OF VEHICLES**, PLEASE PROVIDE EXPLANATION BELOW)

- DO YOU ALLOW YOUR VEHICLES TO BE TAKEN HOME AT NIGHT?  YES  NO
- DO YOU ALLOW PERSONAL USE OF YOUR VEHICLES?  YES  NO
- ARE THERE ANY VEHICLES AVAILABLE FOR USE BY NON-EMPLOYEES?  YES  NO
- ANY TRANSPORTATION OF FLAMMABLES, EXPLOSIVES, CHEMICALS OR AMMUNITION?  YES  NO
- ARE THERE ANY VEHICLES REGULARLY OPERATED OUTSIDE A 300 MILE RADIUS FROM PLACE OF PRINCIPAL GARAGING?  YES  NO

### DRIVERS

(IF YOU ANSWERED **NO** TO QUESTIONS 1-5 UNDER **DRIVERS**, PLEASE PROVIDE EXPLANATION BELOW)

- DO YOU HAVE WRITTEN PROCEDURES FOR DRIVER SELECTIONS?  YES  NO
- DO YOU HAVE WRITTEN PROCEDURES FOR DRIVER TRAINING?  YES  NO
- DO YOU HAVE WRITTEN PROCEDURES/TRAINING ON DISTRACTED DRIVING?  YES  NO
- DO YOU OBTAIN MVR VERIFICATION FOR ALL DRIVERS?  YES  NO
- DO YOU PERIODICALLY (AT LEAST ANNUALLY) CHECK EMPLOYEE DRIVING RECORDS?  YES  NO
- ARE ANY EMPLOYEES PROHIBITED FROM DRIVING?  YES  NO  
 IF YES PLEASE PROVIDE NAME, DOB, AND DRIVER'S LICENSE NUMBER FOR EXCLUDED/PROHIBITED DRIVERS.
- DO YOU ENGAGE IN ANY VALET PARKING SERVICES ON YOUR PREMISES?  YES  NO  
 IF YES, PLEASE COMPLETE THE SUPPLEMENTAL VALET PARKING APPLICATION



# AMERIND Auto Application

All questions must be answered to obtain quote

AMERIND Commercial Lines  
502 Cedar Drive  
Santa Ana Pueblo NM, 87004  
Phone Number: 505-404-5000  
Fax Number: 505-404-5001  
[cluw@amerind.com](mailto:cluw@amerind.com)

## GENERAL INFORMATION

(IF YOU ANSWERED YES TO QUESTIONS UNDER GENERAL INFORMATION, PLEASE PROVIDE EXPLANATION BELOW)

1. IS THERE ANY LOCATION WITH A CONCENTRATION OF VEHICLES WHOSE TOTAL VALUES EXCEEDS \$2,000,000?  YES  NO  
**IF YES, PLEASE COMPLETE GARAGING LOCATION SUPPLEMENT - CONCENTRATION OF VEHICLES**
2. DO YOU HAVE ANY VEHICLES LICENSED THAT ARE NOT INCLUDED ON THE VEHICLE SCHEDULE?  YES  NO  
**PLEASE NOTE THAT WE EXPECT ALL AUTOS TO BE SCHEDULED TO THE POLICY FOR COVERAGE TO APPLY.**
3. DO YOU HAVE ANY VEHICLES UNLICENSED THAT ARE NOT INCLUDED ON THE VEHICLE SCHEDULE?  YES  NO
4. DO YOU HAVE A WILDFIRE EVACUATION PLAN IN PLACE AND IS IT PRACTICED AND IMPLEMENTED?  YES  NO
5. DO ANY VEHICLES HAVE CUSTOMIZATIONS, ALTERATIONS OR SPECIAL EQUIPMENT?  YES  NO
6. ARE ANY OF YOUR VEHICLES USED FOR HIRED (FOR PROFIT OR FEE BASED) NON-EMERGENCY MEDICAL TRANSPORTATION?  YES  NO
7. DO YOU CHARGE ANY FEES FOR ANY OF YOUR AUTO OPERATIONS?  YES  NO
8. DO YOU TRANSPORT ANY PERSONS FOR A FEE OR HAVE ANY OPERATION WHERE YOU CHARGE FOR HAULING GOODS?  YES  NO
9. DO YOU HAVE ANY CONTRACTS OR AGREEMENTS IN PLACE WITH THIRD PARTIES OR CONTRACTORS THAT REQUIRE YOU TO ASSUME AUTO LIABILITY?  YES  NO
10. IS FEDERAL FUNDING (I.E. PL 638 CONTRACT FUNDING) USED FOR THE ADMINISTRATION OR MAINTENANCE OF YOUR AUTO FLEET?  YES  NO
11. IS YOUR MOTOR VEHICLE POLICY AS STRINGENT AS OR MORE STRINGENT THAN THE 5/3/06 BIA'S POLICY?  YES  NO  
**PLEASE NOTE THAT WE EXPECT ALL ACCOUNTS TO MEET THIS POLICY. THIS APPLIES TO BOTH GOVERNMENTAL AND NON-GOVERNMENTAL ENTITIES.**
12. IF THE TRIBE IS NOT FOLLOWING THE BIA POLICY, DOES THE TRIBE HAVE A WRITTEN MOTOR VEHICLE POLICY AND FORMAL ACCIDENT INVESTIGATION PROGRAM? (PLEASE PROVIDE A COPY OF YOUR POLICY)  YES  NO

IF YOU ANSWERED YES TO QUESTIONS UNDER USE OF VEHICLES, PLEASE PROVIDE EXPLANATION BELOW

---



---



---



---

IF YOU ANSWERED NO TO QUESTIONS 1-5 UNDER DRIVERS, PLEASE PROVIDE EXPLANATION BELOW

---



---



---



---

IF YOU ANSWERED YES TO QUESTIONS UNDER GENERAL INFORMATION, PLEASE PROVIDE EXPLANATION BELOW

---



---



---



# AMERIND Auto Application

All questions must be answered to obtain quote

AMERIND Commercial Lines  
502 Cedar Drive  
Santa Ana Pueblo NM, 87004  
Phone Number: 505-404-5000  
Fax Number: 505-404-5001  
[cluw@amerind.com](mailto:cluw@amerind.com)

## PRIOR LOSS INFORMATION

LIST LOSS HISTORY INFORMATION FOR PREVIOUS FIVE YEARS OR ATTACH CURRENTLY VALUED LOSS RUNS FOR THE LAST 5 YEARS. IF NO LOSSES, PLEASE NOTE "LOSS FREE."

**DATE OF LOSS**

**DESCRIPTION:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

## LIEN HOLDER AND ADDITIONAL INTEREST

**VEHICLE #1 VIN:**

\_\_\_\_\_

**LIEN HOLDER NAME:**

\_\_\_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_

**ACCOUNT/LOAN #:**

\_\_\_\_\_

**INTEREST:**

\_\_\_\_\_

**VEHICLE #2 VIN:**

\_\_\_\_\_

**LIEN HOLDER NAME:**

\_\_\_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_

**ACCOUNT/LOAN #:**

\_\_\_\_\_

**INTEREST:**

\_\_\_\_\_

**ADDITIONAL INSURED #1:**

\_\_\_\_\_

**ADDITIONAL INSURED ADDRESS:**

\_\_\_\_\_

**INTEREST:**

\_\_\_\_\_

**IS A WAIVER OF SUBROGATION REQUIRED?**

YES  NO

**ADDITIONAL INSURED #2:**

\_\_\_\_\_

**ADDITIONAL INSURED ADDRESS:**

\_\_\_\_\_

**INTEREST:**

\_\_\_\_\_

**IS A WAIVER OF SUBROGATION REQUIRED?**

YES  NO

**IF MORE THAN ONE PLEASE INDICATE ON THE AUTO SCHEDULE.**



# AMERIND Auto Application

All questions must be answered to obtain quote

AMERIND Commercial Lines  
502 Cedar Drive  
Santa Ana Pueblo NM, 87004  
Phone Number: 505-404-5000  
Fax Number: 505-404-5001  
[cluw@amerind.com](mailto:cluw@amerind.com)

## SUBMISSION CHECKLIST

PLEASE COMPLETE AND ATTACHED THE FOLLOWING TO COMPLETED YOUR SUBMISSION

- VEHICLE SCHEDULE (IN EXCEL FORMAT)
- DRIVER SCHEDULE (IN EXCEL FORMAT)
- COPY OF INTERNAL MOTOR VEHICLE POLICY
- 5-YEAR LOSS RUNS
- COMPLETED AMERIND AUTO APPLICATION

## CERTIFICATION

I, THE UNDERSIGNED, HAVE COMPLETED THE APPLICATION FOR TRIBAL AUTO COVERAGE. INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND I HAVE DISCLOSED ALL KNOWN HAZARDS THAT COULD GIVE RISE TO A CLAIM UNDER THE COVERAGE DOCUMENT. I UNDERSTAND A MATERIAL MISREPRESENTATION OF THE FACTS RELIED ON BY AMERIND IN UNDERWRITING THIS REQUEST FOR COVERAGE WILL VOID MY COVERAGE DOCUMENT. I AGREE TO TAKE ANY CORRECTIVE ACTION REQUESTED BY AMERIND TO REDUCE CLAIM ACTIVITY ASSOCIATED WITH MY AUTO FLEET.

\_\_\_\_\_  
SUBMITTED BY

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE