



CM Safe Insurance Agency
24634 Five Mile Rd. #30
Redford MI 48239
(P) 313.537.3363 – (F) 313.537.4325

APPLICATION FOR INSURANCE (COMMERCIAL AUTO/TRUCK/FLEET)

Company Name: _____
Name on Policy: _____ Date of Birth: _____
DL# _____
Address: _____
Phone: _____ eMail address: _____

Other Driver 1: _____
Date of Birth: _____ DL# _____
Other Driver 2: _____
Date of Birth: _____ DL# _____
(If more drivers list on separate sheet)

Circle one: Prior Insurance? Y / N
If yes: Company Name _____ Expiration date: _____

Tickets, violations, or claims in the past 5 years? List all

Policy Owner:

Driver One:

Driver Two:

(If more drivers list on separate sheet)

Vehicle ID Number 1 (VIN): _____

Year: _____ Make: _____ Model: _____

Circle one: Is there a lien holder (do you make payments?): Y / N

If yes: Company Name: _____

Circle one: Is this a lease? Y / N

Circle one: Do you want collision coverage? Y / N Deductible: 250 / 500 / 1000 / 1500

Circle one: Do you want comprehensive coverage? Y / N Deductible: 250 / 500 / 1000 / 1500

Circle one: Do you want added equipment coverage? Y / N

MDOT# _____

Vehicle value: _____

Vehicle ID Number 2 (VIN): _____

Year: _____ Make: _____ Model: _____

Circle one: Is there a lien holder (do you make payments?): Y / N

If yes: Company Name: _____

Circle one: Is this a lease? Y / N

Circle one: Do you want collision coverage? Y / N Deductible: 250 / 500 / 1000 / 1500

Circle one: Do you want comprehensive coverage? Y / N Deductible: 250 / 500 / 1000 / 1500

Circle one: Do you want added equipment coverage? Y / N

MDOT# _____

Vehicle value: _____

(If more vehicles list on separate page)

Do you need General Liability coverage? Y / N

If yes, under the Business link on our website, please download and complete the General Liability application and submit for quote.

Signature: _____ Date: _____