



## WorldAuto Commercial Application

### General Information

1. Date of Application (mm/dd/yyyy): \_\_\_\_\_ Requested Effective Date (mm/dd/yyyy): \_\_\_\_\_
2. Organization Name: \_\_\_\_\_
3. Principle Mailing Address:
- Contact Name: \_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
4. U.S. Contact Address (if applicable):
- U.S. Contact Name (if applicable): \_\_\_\_\_
- Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Nature of Business/Description of Operations:
6. How did you hear about Clements Worldwide? \_\_\_\_\_

### Commercial Automobile Information

7. Does your organization own or lease any vehicles?  Own  Lease
8. Please provide the following information so that we can present you with a proposal for "All-Risks" Physical Damage insurance:

Vehicle	Year	Make	Model	Serial Number	Date Acquired
# 1					(mm/dd/yyyy)
Cyl.	New or Used	Acquired in (country)	Manufactured in (country)	Purchase Price (less Duty and Taxes)	U.S. Spec.
	<input type="text"/>				<input type="text"/>
<b>List Options and Accessories</b>					

Vehicle	Year	Make	Model	Serial Number	Date Acquired
#2					
Cyl.	New or Used	Acquired in (country)	Manufactured in (country)	Purchase Price (less Duty and Taxes)	U.S. Spec.
	<input type="text"/>				<input type="text"/>
List Options and Accessories					

Vehicle	Year	Make	Model	Serial Number	Date Acquired
#3					
Cyl.	New or Used	Acquired in (country)	Manufactured in (country)	Purchase Price (less Duty and Taxes)	U.S. Spec.
	<input type="text"/>				<input type="text"/>
List Options and Accessories					

\* If more than three vehicles, please attach a separate listing with complete information.

9. How are vehicles being used? \_\_\_\_\_

10. Provide garaging location(s). \_\_\_\_\_

If there are two or more vehicles, are vehicles garaged at:  same site or  different sites?

Describe garaging facilities:

11. What security is in place at garage site? \_\_\_\_\_

12. Are vehicles assigned to a single driver?  Yes  No

Do drivers receive safety training?  Yes  No

Are driver vehicle records checked? Yes  No

13. Are you interested in receiving a quote for excess automobile liability insurance?  Yes  No

If so, please provide the following:

Name of insuring company providing Primary Liability: \_\_\_\_\_

Limit requested:  \$500,000  \$1,000,000

14. Physical Damage deductible options:  \$1,000  \$2,500  \$5,000

15. Have you had any automobile losses in the past five years? Yes  No

If so, indicate date, type of loss and amount:

16. How are the vehicles titled? \_\_\_\_\_

17. Do you want war/terrorism included? \_\_\_\_\_

18. Available discounts:  Multiple policy discount  Fleets greater than 10 vehicles

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You are hereby applying for Membership into The WorldSmart Association®, offered by WorldSmart Association, Inc.® You agree to be bound by the WorldSmart Membership Terms & Conditions, posted at [www.worldsmartassociation.com](http://www.worldsmartassociation.com), and to pay a \$100 annual membership fee for WorldSmart Association Membership.

In addition to applying for Membership into the WorldSmart Association, you hereby apply for international motor insurance coverage under the WorldSmart Association Master Insurance Policy (the “Master Policy”) and agree that this application will be processed by Clements & Co. (“Clements Worldwide®”), as the licensed insurance Program Administrator for the WorldSmart Association’s Master Policy.

I hereby warrant the truth of the above statements and declare that I have not withheld any information which might influence the acceptance or rejection of this application. I understand that any false statement by me will constitute a breach of warranty and cause the policy to be void. I agree that this application shall be the basis of the policy between myself and the insurance company.

\*  
I agree.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

You may submit your completed application by e-mail, fax or mail:

**Clements Worldwide**

Attn: Commercial Insurance Department  
1301 K Street NW, Suite 1200 West  
Washington DC 20005, USA

+1.202.872.0060 or 800.872.0067  
+1.202.466.9064 fax  
[request@clements.com](mailto:request@clements.com)