

# 5Star Submission Checklist- PUBLIC AUTO PROGRAM

\*Please include this coversheet with each submission



Fax to: <b>5Star Public Auto Submission</b>	Email (Preferred): <a href="mailto:publicautosubmissions@5StarSP.com">publicautosubmissions@5StarSP.com</a> Fax Number: <b>321-757-6147</b>
Submission for:	Agency Name:
Producer/Contact Name:	Agency Phone Number:
Comments:	

Before sending your submission, please use this checklist to ensure you have included all required documentation. For faster service, please include a copy of this completed form. Failure to include copies of all requested information will result in delay of processing and/or immediate rejection of this submission. Please contact 1-800-444-8474 with any questions.



## Documentation Required To Quote

- \_\_\_\_\_ ACORD 125 Applicant Info
- \_\_\_\_\_ ACORD 137 (State specific) Coverage/Limits Section
- \_\_\_\_\_ ACORD 127 Driver List or Equivalent List
- \_\_\_\_\_ ACORD 129 Vehicle List or Equivalent List
- \_\_\_\_\_ ACORD 126 General Liability, if applicable
- \_\_\_\_\_ ACORD 131 Excess/Umbrella, if applicable
- \_\_\_\_\_ Bus or Limo Supplemental Application, which ever is applicable
- \_\_\_\_\_ **Insured's FEIN is listed all applications (SSN for individuals)**
- \_\_\_\_\_ Currently valued insurance company loss runs for 5 years-including current year (must be valued within the last 90 days)
- \_\_\_\_\_ Details of any claims \$25,000 or more
- \_\_\_\_\_ Current financials (25 or more units)
- \_\_\_\_\_ New Business Questionnaire - (required if in business 2 years or less)
- \_\_\_\_\_ Brief description of risk
- \_\_\_\_\_ Current MVR's (no more than 60 days old)
- \_\_\_\_\_ MC- Motor Carrier number and full address, if applicable

\_\_\_\_\_ Your Producer email address: \_\_\_\_\_ **PRINT CLEARLY**

\_\_\_\_\_ Insured's email address: \_\_\_\_\_ **PRINT CLEARLY**

5Star Public Auto Program  
158 N. Harbor City Blvd. Melbourne, FL 32935