



**AUTOMOBILE PHYSICAL DAMAGE INSURANCE
COMMERCIAL VEHICLES (U.S.A.)
PROPOSAL FORM**

1. Name of Applicant: _____
2. Address: _____
 Number Street City State Zip
3. Address of Principal Terminal if other than above: _____
4. Radius of Operation: _____ Miles between following principal cities: _____
5. Type of Cargo carried: _____
6. Number of Years in this business: _____
7. Vehicle(s) legally owned by: _____
Loss Payable to: _____
8. Name of previous Carrier: _____
9. Name of Carrier of Public Liability and Property Damage Insurance: _____
10. Has Applicant had previous Fire, Theft and Collision Automobile Insurance Cancelled? YES / NO
If so, state date, name of Insurance Company and reason for cancellation:

11. Is Vehicle(s) Owner-Driven? YES / NO
If drivers are employed, what investigations are made? _____

12. If more than one Vehicle covered, what is the estimated maximum possible terminal loss? \$ _____
13. Amount of Deductible(s) on Collision: \$ _____
14. Will you ever use hired equipment? YES / NO
15. Will any of your Equipment ever be loaned or rented to others? YES / NO
16. Do you own or use Trucks and/or Trailers other than those listed under Item 20 below? YES / NO
If answer is "Yes" specify vehicles and state reasons why insurance is not required: _____

17. Is Equipment regularly inspected and serviced, if so, at what periods? _____
18. Board Fire rate for terminal premises: _____

19. Premiums paid and Losses sustained by applicant last five years:

		LOSSES				
Year	Premiums	Fire	Theft	Collision	Any other Physical Loss	Deductible applied.

20. Description of Vehicle: (Specify Truck, Tractor, Trailer, Semi.)

	Trade Name	Model Year	Type (Truck, Tractor, Trailer, Semi-trailer)	VIN	Original Cost New plus Equipment, Alterations and Additions	Amount of Insurance Desired
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

Applicant Signature: _____

Official Position: _____

Agent: _____

Location of Agency: _____

Dated: _____