

Automobile Physical Damage Insurance Commercial Vehicles

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? _____ If so, state
date, name of Insurance Company and reasons for cancellation _____
11. Is Vehicle(s) Owner-Driven? _____ 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? _____
15. Will any of your Equipment ever be loaned or rented to others? _____
16. Do you own or use Trucks and/or Trailers other than those listed under Item 20 below? _____
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 and Losses sustained by applicant last five years: —

Year	Premiums	LOSSES			
		Fire	Theft	Collision	Any Other Physical Loss
19					
19					
19					
19					
19					

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

Item No.	Trade Name	Model Year	Type (Truck, Tractor, Trailer, Semi-trailer, Truck Type Tractor)	Serial No.	Motor No.	Gas (G) or Diesel (D)	Original Cost New Plus Equipment Alterations and Additions	Amount of Insurance Desired	Name of Operator
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 conditions of the Insurance.

Signed At _____

This _____ day of _____ 19

By _____

(Applicant)
(Applicant should state official position)

Applicant Witness _____

Agent

Location of Agency _____

**COMMERCIAL AUTOMOBILE PHYSICAL DAMAGE
SCHEDULE OF OPERATORS**

Name _____

Address _____

Date of Birth _____ Driver License Number _____

List All Accidents or Violations within the last 39 months _____

Name _____

Address _____

Date of Birth _____ Driver License Number _____

List All Accidents or Violations within the last 39 months _____

Name _____

Address _____

Date of Birth _____ Driver License Number _____

List All Accidents or Violations within the last 39 months _____

Name _____

Address _____

Date of Birth _____ Driver License Number _____

List All Accidents or Violations within the last 39 months _____

ATTACH INFORMATION FOR ANY ADDITIONAL OPERATORS