

AUTOMOBILE PHYSICAL DAMAGE INSURANCE

COMMERCIAL VEHICLES (U.S.A.)

PROPOSAL FORM

1. Name of Applicant: _____

2. Address: _____
Number Street City State

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 reason 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? Yes No

18. Board Fire rate for terminal premises: _____

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

Year	Premiums	Fire	Theft	LOSSES Collision	Any other Physical Loss
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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
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 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.

SIGNED AT: _____

This _____ **day of** _____, _____.

By _____

(APPLICANT)
(Applicant should state official position)

APPLICANT WITNESS: _____

AGENT

Location of Agency: _____