



***Automobile Physical Damage Insurance
Commercial Vehicles
Proposal Form***

1. Name of Applicant			
2. Address			
Number	Street	City	State
3. Address of Principal Terminal, if other than above			
4. Radius of Operations		Miles between following principal cities	
5. Type of Cargo carried			
6. Number of years in 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 is covered, what is the estimated maximum possible terminal loss?			
13. Amount of Deductible(s) Collision			
14. Will you ever use Hired Equipment?			
15. Will any of your equipment ever be leased or rented to others			
16. Do you own 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 / Premium	Losses/Fire	Losses/Theft	Losses /Collision	Losses Any other Physical Loss
1				
2				
3				
4				
5				
6				
7				

20. Description of Vehicles (Specify, Truck, Tractor, Trailer, Semi

Item No.	Trade Name	Model	Type(Truck, Tractor, Trailer,Semi Trailer, Truck Type	Serial Number	Motor Number	Gas (G) Diesel (D)	Original Cost New Plus Equipment, Applications 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 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 of 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)

Application Witness

Location of Agency