

**Physical Damage Insurance
Commercial Vehicles
PROPOSALFORM**

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 physical damage Carrier
9. If the insured has not had previous physical damage coverage why does the insured now want coverage?.....
10. Expiring physical damage premium..... Expiring deductible.....
11. Has Applicant had previous Fire, Theft and Collision Automobile Insurance cancelled?.....If so, state date, name of Insurance Company and reasons for cancellation
12. Is Vehicle(s) Owner-Driven?If drivers are employed, what investigations are made?
13. If more than one Vehicle covered, what is the estimated maximum possible terminal loss?
14. Amount of Deductible(s) on Comp/Collision.....
15. Will you ever use hired Equipment?
16. Will any of your Equipment ever be loaned or rented to others?
17. Do you own or use Trucks and/or Trailers other than those listed under Item 21 below?
 If answer is "Yes" specify vehicles and state reasons why insurance is not required
18. Is Equipment regularly inspected and serviced, if so, at what periods?
19. Is the maintenance done by the insured? Is a maintenance record kept on each vehicle?

20. Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years:- If there are NONE- check here: _____

DATE OF LOSS	OPEN OR CLOSED	LOSSES (SHOW AMOUNT PAID OR RESERVED)			
		Fire	Theft	Collision	Any other physical Loss

21. 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.	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							

22. DRIVER DATA (ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED)

NAME	DATE OF BIRTH	DRIVERS LICENSE #	STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

DATE

INSURED'S SIGNATURE

Agency: _____

Address: _____

City, State, Zip: _____

Phone # () _____ Fax# () _____

Agent's Signature _____