

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 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 reasons 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? YES/NO

If so, at what periods? _____

18] Board Fire rate for terminal premises: _____

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.

SIGNED AT: _____

This _____ day of _____ 20____

By: _____

(APPLICANT)

(Applicant should state official position)

APPLICANT WITNESS: _____

AGENT

Location of Agency: _____