

AUTOMOBILE PHYSICAL DAMAGE INSURANCE

COMMERCIAL VEHICLES (U.S.A.)

PROPOSAL FORM

rume of Applicant.						
Address:						
Number	Street	City	State			
Address of Principal Terminal	if other than above:					
Radius of Operation: Miles between following principal cities:						
Type of Cargo carried:						
Number of Years in this busine	ess:					
Vehicle(s) legally owned by:						
Loss Payable to						
Name of previous Carrier:						
Name of Carrier of Public Liab	pility and Property Damas	ge Insurance:				
o, state date, name of Insurance	Company and reason for	cancellation:				
If more than one Vehicle cover	red, what is the estimated	maximum possible termina	ıl loss?			
Amount of Deductible(s) on C	ollision:					
Will you ever use hired equipm	nent?					
Will any of your Equipment ev	ver be loaned or rented to	others?				
•						
	Number Address of Principal Terminal Radius of Operation: Type of Cargo carried: Number of Years in this busine Vehicle(s) legally owned by: Loss Payable to Name of previous Carrier: Name of Carrier of Public Liab Has Applicant had previous Fire o, state date, name of Insurance Is Vehicle(s) Owner-Driven? If more than one Vehicle cover Amount of Deductible(s) on Carrier Will you ever use hired equipm Will any of your Equipment expects the state of th	Number Street Address of Principal Terminal if other than above: Radius of Operation: Miles between fold Type of Cargo carried: Number of Years in this business: Vehicle(s) legally owned by: Loss Payable to Name of previous Carrier: Name of Carrier of Public Liability and Property Dama, Has Applicant had previous Fire, Theft and Collision A to, state date, name of Insurance Company and reason for Is Vehicle(s) Owner-Driven? If driver If more than one Vehicle covered, what is the estimated Amount of Deductible(s) on Collision: Will you ever use hired equipment? Will any of your Equipment ever be loaned or rented to Do you own or use Trucks and/or Trailers other than the	Address of Principal Terminal if other than above: Radius of Operation: Miles between following principal cities: Type of Cargo carried: Number of Years in this business: Vehicle(s) legally owned by: Loss Payable to Name of previous Carrier: Name of Carrier of Public Liability and Property Damage Insurance: Has Applicant had previous Fire, Theft and Collision Automobile Insurance Cancel o, state date, name of Insurance Company and reason for cancellation: Is Vehicle(s) Owner-Driven? If drivers are employed, what invess If more than one Vehicle covered, what is the estimated maximum possible terminal Amount of Deductible(s) on Collision:			

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:

LOSSES

Year	Premiums	Fire	Theft	Collision	Any other physical Loss
20					
20					
20					
20					
20					

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

20. D	escription or v	enicie. (Specify	<u> Truck, Tractor,</u>	Tranci, Seiii.)	<u>.</u>			
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 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.

SIGNE	D AT:		
This	day of	 Ву	
		(APPLICANT) (Applicant should state official position)	n)
APPLIC	ANT WITNESS:		
		AGENT	
		Location of Agency:	

NMA1651