

## AUTOMOBILE PHYISCAL 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 follow	wing 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, The Insurance Cancelled?	eft and Coll	ision Automobile	Yes	No	
	If so, state date, name of Insurance Company and Reason for cancellation:					
11.	Is Vehicle(s) Owner-Driven?	ehicle(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 T	railers other	than those listed unde	er Item 20 below?		
	Yes No					
	If answer is "Yes" specify vehicles and state reasons why insurance is not required:					



17.	Is Equipmo	ent regularly	y inspected a	nd servi	iced, if so, at	what periods	s?			
18.	Board Fire premises:	rate for ter	minal							
19.	Premiums	and Losses	s sustained b	y applic	ant last five y	/ears:				
					<u> </u>				Any	other
Year		Premiums	S Fire	•	Theft		Collision			ical loss
20.	Description <b>Trade</b>	n of Vehicle	(Specify Tru		ctor, Trailer, S	Semi.):	Goo	Original		Amount
Item No.	Name	Year	Type (Truck Tractor, Tra Semi-trailer Truck Type Tractor)	iler, ,	Seriai No.	Motor No.	Gas (G) or Diesel (D)	Original Cost Ne Plus Equipm Alteratio and Additior	ent, ons	of Insurance Desired
1										
2										
3										
4										
5										
6										
7										
8										
9										



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 A	T:		
This	day of	20 By	(APPLICANT) (Applicant should state official position)
APPLICAN	IT WITNESS:		
			(AGENT)
		Location of Agency:	
NMA1651			