

## PROPOSAL FORM

### AUTOMOBILE PHYSICAL DAMAGE INSURANCE COMMERCIAL VEHICLES

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 Carrier: \_\_\_\_\_

9) Name of Carrier of Public Liability and Property Damage Insurance:

\_\_\_\_\_

10) Has Applicant had previous Fire, Thief and Collision Automobile Insurance cancelled?      Yes    No

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 and/or use Trucks and/or Trailers other than those listed under Item 20 below?      Yes    No

If answer is "Yes", specific vehicles and state reasons why insurance not required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17) Is equipment regularly inspected and serviced?      Yes    No

If so, at what periods? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18) Board Fire rate for terminal premises: \_\_\_\_\_

19) Premiums and Losses sustained by Applicant during last five (5) years:

<i>Year of Loss</i>	<i>Premiums</i>	<i>Fire</i>	<i>Theft</i>	<i>Any Other Collision</i>	<i>Physical Loss</i>

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

<i>Item No.</i>	<i>Trade Name</i>	<i>Model Year</i>	<i>Type (Truck, Tractor, Trailer, Semi-trailer, Truck- Type Tractor</i>	<i>Serial No.</i>	<i>Motor No.</i>	<i>Gas (G) Or Diesel (D)</i>	<i>Original Cost New Plus Equipment, Alterations &amp; Additions</i>	<i>Amount of Insurance Desired</i>
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 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:** \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY PAST MATERIAL THERETO, COMMITS FRAUDELENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.