

**AUTOMOBILE PHYSICAL DAMAGE INSURANCE
COMMERCIAL VEHICLES (U.S.A.)
PROPOSAL FORM**

1. Name of Applicant: _____

2. Address: _____ 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, Theft and Collision Automobile Insurance Canceled? Yes No
If yes, state date, name of Insurance Company and reason 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

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

| Item No. | Trade Name | Model Year | Type: Truck, Tractor, Semi-trailer, Truck Type Tractor | Serial No. | Motor No. | Gas (G) or Diesel (D) | Original Cost New <u>Plus</u> 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.

SIGNED AT:

This _____ day of _____ 20_____

By: _____

(APPLICANT)

(Applicant should state official position)

APPLICANT WITNESS:

AGENT

LOCATION OF AGENCY

NMA1651