

**COMMERCIAL AUTO PHYSICAL DAMAGE APPLICATION - Carrier \_\_\_\_\_**

NEW NAIS RENEWAL of Certificate/Policy No. [ \_\_\_\_\_ ]

THIS APPLICATION MUST BE COMPLETED, SIGNED AND DATED BY THE APPLICANT.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

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 Payee(s) Name & Address : \_\_\_\_\_

Name of previous carrier: \_\_\_\_\_

Name of carrier of liability and property damage insurance: \_\_\_\_\_

Has applicant had previous Fire, Theft and Collision Automobile Insurance cancelled? \_\_\_\_\_

If so, state date, name of insurance company and reason for cancellation: \_\_\_\_\_

Is vehicle(s) owner-driven? \_\_\_\_\_ If drivers are employed, what investigations are made? \_\_\_\_\_

Please list all drivers \_\_\_\_\_ DOB \_\_\_\_\_ LIC# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ LIC# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ LIC# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ LIC# \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ LIC# \_\_\_\_\_

If more than one vehicle covered, what is the estimated maximum possible terminal loss? \$ \_\_\_\_\_

Amount of Deductible each unit: \$ \_\_\_\_\_

Will you ever use hired equipment? \_\_\_\_\_ Will the hired equipment be on long or short term lease? \_\_\_\_\_

If Yes,

(1) Will the hired equipment be long or short term lease? \_\_\_\_\_

(2) Is coverage for the hired equipment required under this proposal? \_\_\_\_\_

Will any of your equipment ever be driven, operated or used by anyone other than you or one of your employees? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you own or use trucks and/or trailers other than those listed below? \_\_\_\_\_

Is equipment regularly inspected and services, if so what periods? \_\_\_\_\_

Premiums and losses sustained by applicant last five years:

YEAR	PREMIUM	LOSSES			
		FIRE	THEFT	COLLISION	ANY OTHER PHYSICAL LOSS

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

ITEM NO.	MODEL YEAR	TRADE NAME	TYPE (TRUCK, TRACTOR, TRAILER, SEMI-TRAILER, TRUCK TYPE TRACTOR)	SERIAL NO.	GAS (G) OR DIESEL (D)	ORIGINAL COST NEW PLUS EQUIPMENT ALTERATIONS & ADDITIONS	AMOUNT INSURANCE DESIRED
1						\$	\$
2						\$	\$
3						\$	\$
4						\$	\$
5						\$	\$
6						\$	\$
7						\$	\$
8						\$	\$
9						\$	\$
10						\$	\$

Requested Effective Date: \_\_\_\_\_ Premium \$ \_\_\_\_\_ Financed with \_\_\_\_\_

This application shall not be binding on the underwriter 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 covenants and agrees to and with the underwriters that the statements and answer are a just, full and true expositions of all the facts and circumstances with regards 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 \_\_\_\_\_

APPLICANT: **X** \_\_\_\_\_ BROKER: **X** \_\_\_\_\_

BROKER NAME & ADDRESS \_\_\_\_\_