



AUTOMOBILE PHYSICAL DAMAGE APPLICATION

NAME OF APPLICANT			
ADDRESS	CITY	STATE	ZIP
ADDRESS OF PRINCIPAL TERMINAL IF OTHER THAN ABOVE			
RADIUS OF OPERATION	MILES BETWEEN FOLLOWING PRINCIPAL CITIES		
TYPE OF CARGO CARRIED			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		

Drivers List

Name	Date of Birth	DL Number	State	License Class	# of Yrs CDL Exp	Date of Hire

Has Applicant had previous Fire, Theft, and Collision Automobile Insurance Cancelled? If so, state date, name of Insurance Company, and reason for cancellation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Vehicle(s) Owner-Driven? If drivers are employed, what investigations are made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If more than one Vehicle covered, what is the estimated maximum possible terminal loss?	\$
Amount of Deductible(s) on Collision:	\$
Will you ever use hired equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any of your Equipment ever be loaned or rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own or use Trucks and/or Trailers other than those listed under Item 20 below? If answer is "Yes" specify vehicles and state reasons why insurance is not required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Equipment regularly inspected and serviced, if so, at what periods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Board Fire rate for terminal premises:	



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Premiums and Losses sustained by applicant last five years:

Year	Premiums	Fire	Theft	Collision	Any Other Physical Loss

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

Item No.	Trade Name	Model Year	Type (Truck, Tractor, Trailer, Semi-trailer, Truck Type Tractor)	Serial No.	Gas (G) or Diesel (D)	Original Cost New Plus Equipment, Alterations and Additions	Amount of Insurance Desired

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 _____, _____
 _____ By _____
 (APPLICANT) APPLICANT'S NAME & OFFICIAL POSITION

Applicant Witness: _____ Agent: _____

Location of Agency: _____