

Adriatic Insurance Company
APPLICATION FOR COMMERCIAL PHYSICAL DAMAGE INSURANCE

Name of Applicant _____

Address _____

_____ Zip _____ Phone _____

Coverage to be effective from _____ To _____ Applicant is: Individual Partnership Corporation

Applicant's Business? _____ Years experience in this business? _____

Type of cargo carried _____

Will any of your equipment ever be loaned or leased to others? Yes No (If yes, explain) _____

Define normal areas of operations _____

Number of Owner Operators employed? _____ Do you wish coverage to apply to those operators? Yes No

Maximum Radius operated by all trucks? _____ Miles. Are trucks used for wholesale or retail delivery? Yes No

Terminal Locations _____ Max values any one location _____

Name of your Insurance carrier for the last 3 years? _____

Have you ever had your insurance cancelled, declined or renewal refused? _____ (if yes, explain) _____

SHOW POLICY PERIODS FOR PAST 3 YEARS	DATE OF LOSSES	LOSSES BY COLLISION	LOSSES BY FIRE	LOSSES BY THEFT	OTHER LOSSES
FROM TO		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

This application shall not be binding unless and until a down payment is received and a policy issued and then only as of the commencement date of said policy and in accordance with all terms thereof. Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar same as known to the Applicant; and the same are hereby made the basis and condition of the insurance, and a warranty on the part of the Applicant.

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to Insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the applicant in any respect.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY AND WILL BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

SCHEDULE OF EQUIPMENT

THIS IS NOT A BINDER

CHECK COVERAGE DESIRED:

FIRE THEFT COMBINED ADDITIONAL COVERAGES COLLISION DEDUCTIBLE: \$ _____ OTHER _____

NO.	YEAR MODEL	TRADE NAME-DESCRIPTION TRAILER-FULL OR SEMI REFRIGERATED UNIT**	SERIAL NUMBER	STATED AMOUNT*	PERCENT FACTOR	PREMIUM	LOSS PAYEE AND FULL ADDRESS

*STATED AMOUNT INCLUDES COST OF SPECIAL EQUIPMENT, (LIST SEPARATELY), IF ANY, ATTACHED TO VEHICLE.
 **REFRIGERATED UNITS LIST SEPARATELY FROM TRAILER GIVING SERIAL NUMBER.

SCHEDULE OF DRIVERS	ADDRESS	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	DRIVING RECORD LAST THREE YEARS

_____ **Applicant's Signature**

_____ **Date**

I hereby certify that after diligent effort I have been unable to procure the Insurance applied for above from authorized Insurers.

Producer's Name: _____

Address: _____

By: _____ Date: _____

PREMIUM	\$ _____
POLICY FEE	\$ _____
TAX	\$ _____
TOTAL	\$ _____