

COMMERCIAL AUTO PHYSICAL DAMAGE APPLICATION

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

NEW RENEWAL of Certificate/Policy No. [_____]

DOT#: _____ DMV/CA#: _____ Website: _____

1. Name of Applicant: _____

2. DBA: _____ 3. Number of years in this business _____

4. Mailing address: _____

_____ Street Address City State Zip

5. Address of principal terminal / garaging if other than above:

_____ Street Address City State Zip

6. Vehicle(s) legally owned by: _____

7. Radius of Operation: _____

8. Type of cargo carried: _____

9. Name of previous carrier: _____

10. Name of carrier of liability: _____

11. Has applicant had previous Fire, Theft and Collision Automobile Insurance cancelled? Yes No

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

12. Does applicant understand that they will be required to report all new drivers to the company before they are allowed to operate any vehicles? Yes No

13. Please list all drivers (If more than 10 use Diver Schedule/Extension list)

#	Drivers Full Name	Date of Birth	Driver's License		No. Yrs. Commercial Driving	No. Yrs. Employed By Applicant	No. of Accidents Last 3 Yrs.	No. of Minor Violations Last 3 Yrs.	No. of Major Violations Last 3 Yrs.
			State	License Number					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

14. If more than one vehicle covered, what is the estimated maximum possible terminal loss? _____

15. Will you ever use hired equipment? Yes No 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? _____

16. 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 _____

17. Do you own or use trucks and/or trailers other than those listed below? Yes No

18. Is equipment regularly inspected and services, if so what periods? _____

19. Prior carrier and loss history for the past three years

From	To	Physical Damage Carrier Name	Losses	
			Number	Amount

22. - Non-Owned Trailer /Trailer Interchange (All Owned or Long Term Leased Trailers must be covered under Physical Damage)

Non Owned Trailer Or/& Trailer Interchange: \$ _____ Limit Each, on _____ Units.

- While attached only or While attached only
- While attached and Dropped Off for 72 hours, with security.

23. Towing Extension Limits \$5,000 \$10,000 \$15,000

24.	Description of Vehicle	Deductible Requested	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	Coverage Limit Requested	Owned or Leased	
Unit #	Year, Full Make Name, Model	Full Vin#						<input type="checkbox"/> Owned
1						\$	<input type="checkbox"/>	<input type="checkbox"/>
2						\$	<input type="checkbox"/>	<input type="checkbox"/>
3						\$	<input type="checkbox"/>	<input type="checkbox"/>
4						\$	<input type="checkbox"/>	<input type="checkbox"/>
5						\$	<input type="checkbox"/>	<input type="checkbox"/>
6						\$	<input type="checkbox"/>	<input type="checkbox"/>
7						\$	<input type="checkbox"/>	<input type="checkbox"/>
8						\$	<input type="checkbox"/>	<input type="checkbox"/>
9						\$	<input type="checkbox"/>	<input type="checkbox"/>
10						\$	<input type="checkbox"/>	<input type="checkbox"/>

If more than 10 use vehicle schedule/extension list

25. Loss Payee's

Unit #	Name of Loss Payee	Address of Loss Payee

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.

Date Signed: _____

Applicant Signature: _____ Broker Signature: _____

Broker Name & Address: _____