

**Adriatic Insurance Company**

## APPLICATION FOR COMMERCIAL PHYSICAL DAMAGE INSURANCE

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

Address \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Coverage to be effective From \_\_\_\_\_ To \_\_\_\_\_ Insured is:  Individual  Partnership  Corporation

Insured's business? \_\_\_\_\_ Years experience in this business? \_\_\_\_\_

Type of Cargo carried \_\_\_\_\_

Will any of your Equipment ever be loaned or leased to others?(If yes, explain) \_\_\_\_\_

Define normal areas of operations: \_\_\_\_\_

Number of Owner Operators Employed \_\_\_\_\_ Do you wish Coverage to apply to those operators? Yes or No

Maximum radius operated by all trucks? \_\_\_\_\_ miles. Are trucks used for wholesale or retail delivery? \_\_\_\_\_

Terminal Locations \_\_\_\_\_ Max. values any one location \$ \_\_\_\_\_

Name of your insurance carrier for last 3 years? \_\_\_\_\_

Have you ever had your insurance cancelled, declined or renewal refused? \_\_\_\_\_ (If yes, explain) \_\_\_\_\_

SHOW POLICY PERIODS FOR PAST THREE 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 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 Insured.

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.

THIS IS NOT A BINDER

# SCHEDULE OF EQUIPMENT

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.

STATED AMOUNT VALUES \$ \_\_\_\_\_

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

\_\_\_\_\_  
Insured's Signature

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	\$ _____