National Advantage Insurance Services, Inc.

CA License No. 0821992

Tel: (714) 5051015
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COMMERCIAL AUTO PHYSICAL DAMAGE APPLICATION (01/17)

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. Requested Effective Date: From: _____ To _____

7. Vehicle(s) legally owned by: _____ **8.**Radius of Operation: _____

9. Type of cargo carried: _____

10. Name of previous carrier: _____

11. Name of carrier of liability: _____

12. 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: _____

13. 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

14. 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									

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

16. Owner Operator? ☐ Yes ☐ No **17.** Planning to Lease any Owner Operators? ☐ Yes ☐ No

18. Will you ever use hired equipment? ☐ Yes ☐ No

Will the hired equipment be on long or short term lease? ☐ Yes ☐ No If Yes,:

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

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

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

☐ Yes ☐ No If yes, please explain _____

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

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

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

From	To	Physical Damage Carrier Name	Losses	
			Number	Amount

23.	**Description of Vehicle**				
Unit #	Year, Full Make Name, Model	Full Vin#	Coverage Limit Requested	Owned or Leased	
1			$	☐ Owned	☐ Leased
2			$	☐ Owned	☐ Leased
3			$	☐ Owned	☐ Leased
4			$	☐ Owned	☐ Leased
5			$	☐ Owned	☐ Leased
6			$	☐ Owned	☐ Leased
7			$	☐ Owned	☐ Leased
8			$	☐ Owned	☐ Leased
9			$	☐ Owned	☐ Leased
10			$	☐ Owned	☐ Leased

If more than 10 use vehicle schedule/extension list

24. Deductible Requested ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ Combined Single Deductible
25. No. of trailer hauled at one time: ☐ Single ☐ Double ☐ Triples
26. Towing Extension Limits 2,500 To 5,000 (include) ☐ $5,000 ☐ $10,000 ☐ $15,000

NON-OWNED TRAILER /TRAILER INTERCHANGE

Non-owned trailers include trailers that you do not own, lease or rent but are in your care, custody or control (not exceeding 90 days) that you have agreed to be responsible for, while in your possession and being used in the Insured's business.

27. ☐ **Yes** ☐ **No Trailer Interchange OR Non-owned Trailer:**
28. Limit (per unit) $ _____
29. On No. of units _____
30. ☐ While attached only or ☐ While attached and up to 72 hours at secure location
31. No. of trailer hauled at one time: ☐ Single ☐ Double ☐ Triples
32. Deductible Requested ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ Combined Single Deductible

33. Loss Payee's

Unit #	Name of Loss Payee	Address of Loss Payee

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: _____