

COMMERCIAL VEHICLES (U.S.A.)

PROPOSAL FORM

1. Name of Applicant: _____

2. Address: _____

Number

Street

City

State

3. Address of Principal Terminal if other than above: _____

4. Radius of Operation: _____ Miles between following principal cities: _____

5. Type of Cargo carried: _____

6. Number of Years in this business: _____

7. Vehicle(s) legally owned by: _____

Loss Payable to _____

8. Name of previous Carrier: _____

9. Name of Carrier of Public Liability and Property Damage Insurance: _____

10. Has Applicant had previous Fire, Theft and Collision Automobile Insurance Cancelled? _____

If so, state date, name of Insurance Company and reason for cancellation: _____

11. Is Vehicle(s) Owner-Driven? _____ If drivers are employed, what investigations are made? _____

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

13. Amount of Deductible(s) on Collision: _____

14. Will you ever use hired equipment? _____

15. Will any of your Equipment ever be loaned or rented to others? _____

16. 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: _____

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 _____ 20

By _____

(APPLICANT)
(Applicant should state official position)

APPLICANT WITNESS: _____

AGENT

Location of Agency: _____