



Application for commercial physical damage insurance

Name of Applicant:

Address:

City State Zip Phone num

Date coverage to be effective from: to

Insured is:

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

Type of cargo carried

Will any of your equipment ever be loaned or rented to others? (If Yes, explain)

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

Terminal Locations Maximum equipment value of any one location

PREVIOUS BUSINESS AND LOSS EXPERIENCE

Name of your insurance carrier for the last 3 years?

Have you ever had insurance for this type of operation cancelled, decline or renewal refused?

(If so, explain fully below giving name of insurance companies, dates, and reason for cancellation of refusal.)

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

This application shall not be binding unless and until a policy shall be issued and a down payment received and the only as of the commencement date of said policy an in accordance with all items thereof, and the say Applicant hereby covenants and agreed that the foregoing statements and answers 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 a 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 the insurance afforded by the Company, is made for the use of benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

--Show Premium computations for percentages and surcharges below--

ANY PERSON WHO KNOWINGLY AND WITH THE 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.

CHECK COVERAGE DESIRED

FIRE		THEF	COMBINE	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 EQUIPMENTS, (LIST SEPARATELY), IF ANY, ATTACHED 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

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 _____