

COMMERCIAL AUTOMOBILE PHYSICAL DAMAGE INSURANCE PROPOSAL FORM

(ALL QUESTIONS MUST BE ANSWERED)

1. Name:				2. Address:				3. Address of Principal Terminal if other than address in Item 2.			
4. Business Is: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private Carrier <input type="checkbox"/> Bob-Tail Operation No. of Years in Business:					5. Full names and titles of officers, owners, partners:						
6. Names of Principal Shippers:											
7. Operates in States of:								8. Principal cities:			
9. Radius of Operation (List no. units in each group):								10. Number and Pieces of equipment - Property Carriers:			
Vehicle Type	50 miles	200 miles	Over	Vehicle Type	Owned Equip.	Equip. Long Term Lease From Others	Equip. Long Term Lease To Others				
Trucks				Trucks (other than dump)							
Tractors				Tractors							
Trailers				Semi-trailers							
				Full Trailers							
				Tank Semi-trailers							
				Tank Trailers							
11. Name of present insurance carrier(s) and Policy No.:					Refrigerated Trailers						
Auto Physical Damage:					Service Trucks						
12. Are present policies being cancelled or not renewed by insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO					Private Pass. Cars						
Details:					Dump Trucks						
13. Types of commodities transported by property carrier (Avoid term "General Merchandise". Name principal commodities):											
14. Do you own equipment other than that included in this submission? <input type="checkbox"/> YES <input type="checkbox"/> NO Details in Remarks section if "Yes".											
15. Do you trailer interchange equipment with other carriers? <input type="checkbox"/> YES <input type="checkbox"/> NO Details in Remarks section if "Yes".											

16. Description of Equipment					17. Coverage Desired			
No.	Trade Name	Year Built	Type	Serial Number	SP. Perils	COLL.	ACV	Legally Owned By
1								
2								
3								
4								
5								
6								

