

**AUTOMOBILE PHYSICAL DAMAGE INSURANCE**  
**COMMERCIAL VEHICLES (U.S.A.)**  
**PROPOSAL FORM**

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_

Number                      Street                      City                      State                      Zip Code

3. Address of Principal Terminal if other than above:

\_\_\_\_\_

Number                      Street                      City                      State                      Zip Code

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:

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

10. 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:

11. Is Vehicle(s) Owner-Driven? [  ] Yes [  ] No    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? [  ] Yes [  ] No

15. Will any of your Equipment ever be loaned or rented to others? [  ] Yes [  ] No



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 \_\_\_\_\_ Year of \_\_\_\_\_ By \_\_\_\_\_ Position \_\_\_\_\_

(APPLICANT)

(Applicant should state official position)

APPLICANT WITNESS: \_\_\_\_\_

AGENT: \_\_\_\_\_

Location of Agency: \_\_\_\_\_

NMA1651