

COMMERCIAL VEHICLE PHYSICAL DAMAGE INSURANCE
APPLICATION FORM

1. Full name of Applicant _____
2. Full address of Applicant _____
3. Has Applicant had previous Commercial Vehicle Physical Damage Insurance cancelled or refused
_____ If yes, state when and reason for cancellation or refusal. _____

4. How many years in the business? _____
5. How many years experience does the insured have? _____
6. Radius of usual operations _____
7. Types of Cargoes usually carried _____

8. Full address of Principal Terminal/s. If other than above _____

9. Details of fire and theft precautions installed/adopted at Terminal/s _____

10. Total Insured Value of Schedule – Actual Cash Value (A.C.V.) basis _____

Please also give approximate Total Insured Value of Schedule (A.C.V. basis) for last three years
each year shown separately _____



10. (A) Limit any one single unit _____
- (B) Limit any one combination of units _____
- (C) Limit any one occurrence/Terminal _____
11. Details of driver hire investigations and guidelines observed _____

12. Will any of your scheduled equipment ever be loaned, rented or leased to any third party?
If Yes, who will be responsible for loss and/or damage to such loaned, rented or leased equipment
while in the care, custody and control of third parties _____

13. Do you own or use Trucks and/or Trailers other than those specified elsewhere in this proposal
form? _____ If yes, specify such vehicles and state reasons why insurance is not
required _____

14. Is all specified equipment regularly inspected and serviced? Give brief details _____

15. Paid and outstanding losses sustained by Applicant last five years showing details for each year
separately and whether paid claims are from ground up or net of any deductibles. Please specify
amount of deductibles. _____

16. Preferred deductible _____

SCHEDULE

A) Please attach to this application form a full description of all vehicles etc. to be insured; specifying for each unit, the following:

- 1) Item number
- 2) Name of Manufacturer
- 3) Model Year
- 4) Type of Unit (truck, trailer, semi-trailer, tractor etc.)
- 5) Serial number
- 6) Current Actual Cash Value (A.C.V.)
- 7) Loss Payee

B) Please attach to this application form a full description of all drivers:

DECLARATION

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 part 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

By _____
(Applicant)

(Agent)

Address of Agent _____

NEW VENTURE PROFILE

Effective date of new venture:	
--------------------------------	--

How long have you been driving tractor / trailer rigs:	
--	--

Who did you drive for previously:	
-----------------------------------	--

For how long:	
---------------	--

What types of goods were you hauling prior:	
---	--

What was your usual route(s):	
-------------------------------	--

How many accidents or losses were you involved in during the past 5 years:	
--	--

Describe accident circumstances:	
----------------------------------	--

What will you be hauling now:	
-------------------------------	--

Do you expect to increase the number of vehicles within 1 year:	Yes	No	If yes, approximately how many:	
---	-----	----	---------------------------------	--

Describe your hiring practices:	
---------------------------------	--

Will you allow trip leasing:	Yes	No	Will you use team drivers:	Yes	No
------------------------------	-----	----	----------------------------	-----	----

What is the anticipated gross receipts for the next year:	
---	--

What is the anticipated annual mileage:	
---	--

Signed by Applicant:	Dated:
----------------------	--------