

Commercial Auto Physical Damage Application

Quotation Only Request Date _____ Issue Policy Upon Acceptance By The Company

1. Applicant Name _____ This is a New Renewal

As It Appears On ICC or State Permits

Address _____ Agency _____ Phone _____
Fax _____

Garaging address if different: _____

Applicant is Individual Partnership Corporation Joint Venture Other Contact Person: _____

Applicant Hauls For Hire Private Farm to Market Years in Business _____ Phone Number _____

2. Requested effective date _____ Terms of Payment Annual Installment Reporter

3. Has any company canceled or refused to renew current policy in the past 5 years for:

BI-PD Yes No Physical Damage Yes No

(ANSWER EACH "YES" OR "NO" – IF "YES", PLEASE EXPLAIN FULLY ON BACK)

EXPERIENCE LAST THREE YEARS (LIST ALL COMPANIES REGARDLESS OF LOSSES OR NONE)

PERIOD FROM/TO	INSURANCE CO.	POLICY #	PREMIUM	NUMBER OF LOSSES		AMOUNT PAID OR RESERVED	
				LIABILITY	PHYSICAL DAMAGE	LIABILITY	PHYSICAL DAMAGE

4. (a) Into what principal cities do operations normally extend?

- | | | | | |
|------------------------------------|---|---------------------------------------|--|---|
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Milwaukee | <input type="checkbox"/> Phoenix |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Dallas/Ft. Worth | <input type="checkbox"/> Kansas City | <input type="checkbox"/> Minneapolis | <input type="checkbox"/> St. Louis |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Denver | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> New Orleans | <input type="checkbox"/> Salt Lake City |
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Detroit | <input type="checkbox"/> Memphis | <input type="checkbox"/> New York City | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Chicago | <input type="checkbox"/> Houston | <input type="checkbox"/> Miami | <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Seattle |

(b) Show percentage of trips: 0-75 miles _____% 76-300 miles _____% 301-500 miles _____% 501 miles + _____%

(c) Number of trips estimated over such radius during next 12 months. _____

5. Is there Workers Compensation Coverage? Yes No If yes, with whom: _____

6. List commodities that are principally transported. _____

7. Full-time leased, to whom: _____ Insurance Carrier: _____

8. Trip leasing to other carriers? : (List) _____

9. Trip leasing to applicant? _____ Furnish names _____

Gross receipts past 12 months _____ Estimated next 12 months _____

Amount paid to hired trucks past 12 mo. _____ Estimate to be paid for hired trucks next 12 months _____

10. Equipment (List number of owned or leased units of each type)

CLASSIFICATION Trucks Tractors Semitrailers Trailers Service Trucks

Owned by Applicant _____

Leased to Applicant _____

Drivers: (List all part-time, full-time, family or occasional drivers) Promptly Report New Drivers During Policy Period

Name As on Driver's License	Driver's License Number	State	Date of Birth	Date Employed	Number of Years Driving	List all Accidents and Moving Violations Truck or Passenger Car

