

COMMERCIAL VEHICLE PHYSICAL DAMAGE INSURANCE  
PROPOSAL 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's attention is drawn to Insuring Conditions which state in Exclusion 5(1) this insurance does not cover loss of or damage to any automobile while operated, maintained or used by any person in violation of State law as to age or by any person under the age of twenty-five years in any event. Agreement for drivers under twenty-five years remains entirely at Underwriter's discretion and specific agreement must be sought if Applicant wishes to have cover extended for such under twenty-five year old drivers.

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

Please attach to this proposal 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

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 \_\_\_\_\_ 19 \_\_\_\_\_

By \_\_\_\_\_

(Applicant)

\_\_\_\_\_  
(Agent)

Address of Agent \_\_\_\_\_  
\_\_\_\_\_

