

Continental/Marmorstein & Malone

EXCESS AND SURPLUS LINES 305 Route 17 South, Paramus, N.J. 07652 P.O. Box 586
SPECIAL RISK UNDERWRITERS (201) 261-5100 1-800-932-0849 Fax(201) 261-8922

Automobile Physical Damage Insurance Commercial Vehicles

PROPOSAL FORM

1. Applicant Name _____
2. Address _____
3. Address of Principal Terminal if other than above _____

4. Radius of Operation _____ Miles between following principal cities _____
5. Type of Cargo carried _____
6. Number of years in the business _____
7. Vehicles(s) legally owned by _____
Loss payable to _____
8. Name of previous Carrier _____
9. Name of Carrier of Public Liability and Property Damage Insurance

10. Has Applicant had previous Fire, Theft and Collision Auto Insurance cancelled?
If so, state date, name of Insurance Company and reasons for cancellation

11. Is Vehicle(s) Owner Driven? _____
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? _____
15. Will any of your equipment ever be loaned or rented to others? _____
16. Do you own or use Trucks and/or Trailers other than those listed under Item 20
below? _____
If "yes", specify vehicles and state reasons why insurance is not required

17. Is Equipment regularly inspected and service, if so, at what periods? _____

18. Board fire rate for terminal premises _____

19. Premiums and Losses sustained by applicant last five years

YEAR	PREMIUM	LOSSES			
		Fire	Theft	Collision	Any other physical damage

20. Description of Vehicle: (Specify Truck, Tractor, Trailer, Semi)
(If more than one vehicle, schedule must be attached)

YEAR	
MAKE	
MODEL	
VEHICLE WEIGHT	
TYPE (TRUCK, TRACTOR, ETC)	
VIN NUMBER	
MOTOR NUMBER	
GAS (G) or DIESEL (D)	
ORIGINAL COST NEW PLUS EQUIP., ALTERATIONS AND ADDITIONS	
ACTUAL CASH VALUE	
AMOUNT OF INSURANCE DESIRED	

21. Drivers name _____
License Number _____

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 _____ 20 ____

By _____ (Applicant)
_____ (Applicant should state official position)

Applicant Witness _____ (Agent)

Location of Agency _____
