



Automobile Physical Damage Application

Dates coverage desired: From _____ to _____

Name _____

Mailing Address _____

Physical Address _____

Number of years in business _____

Radius of operation: Local (0-100 miles) Intermediate (101-200 miles) Long Haul (200+ miles)

Downtown deliveries to Dallas, Houston or Austin? _____

Type of cargo carried _____

1. Vehicle(s) legally owned by _____

Loss payable to _____

2. Name of previous carrier _____

3. Name of carrier of public liability and property damage insurance _____

4. Has applicant had previous fire, theft and collision automobile insurance cancelled? Yes No

If so, state date, name of insurance company and reasons for cancellation _____

5. Is vehicle(s) owner-driven? Yes No If drivers are employed, what investigations are made? _____

6. If more than one vehicle is covered, what is the estimated maximum possible terminal loss? _____

Amount of deductible(s) on collision _____

7. Will you ever use hired equipment? Yes No

8. Will any of your equipment be driven or operated by anyone other than you or your employees? Yes No

If yes, please explain in separate memo.

9. Do you own or use trucks and/or trailers other than those listed under item #12 below? Yes No

If yes, specify vehicles and state reasons why insurance is not required _____

10. Is equipment regularly inspected and serviced? Yes No If yes, at what intervals _____

11. Physical damage premiums and losses sustained by applicant in the last three years:

Year	Prior Carrier	Premium	No. of Losses	Description of all Losses	Amount

12. Physical damage vehicle schedule

Item No.	Year	Make	Type (truck, tractor, trailer, semi-trailer, truck type tractor)	Full Vin #	Perm. attached equipmt. Y/N	ACV	Loss Payee
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

13. Any prior losses or damage sustained to any of the vehicles listed above? Yes No

If yes, explain _____

14. Deductible:

- | | |
|--|--|
| <input type="checkbox"/> \$1,000 comprehensive | <input type="checkbox"/> \$1,000 collision |
| <input type="checkbox"/> \$2,500 comprehensive | <input type="checkbox"/> \$2,500 collision |
| <input type="checkbox"/> Other _____ comprehensive | <input type="checkbox"/> Other _____ collision |
| <input type="checkbox"/> Upset and overturn _____ | <input type="checkbox"/> Other _____ FTC |

15. List all drivers below – if not enough space, attach a list of drivers.

Driver's Name	Date of Birth	DL#	# of Yrs Commtl. Driving experience	# of Yrs Licensed	# of Accidents & violations w/details

16. Has any driver listed been convicted of or have PENDING any court cases or litigation regarding DWI/DUI of alcohol or drugs, license suspensions for moving violations, felonies, hit and run, eluding an officer, reckless/negligent operation of a vehicle, driving while license suspended or revoked? Yes No

If yes, describe (including dates) _____

17. Do you haul, or allow others to haul under your authority, any hazardous substance or materials as defined by the EPA? Yes No

If yes, name all material(s) and/or chemical content: _____

18. Do you haul oversized cargo? Yes No

If yes, Max height: _____ Max width: _____ Max weight of cargo: _____

Do you use any special flagging to denote oversized loads? Yes No

If yes, explain: _____

19. Do you haul loads that require pilot car service? Yes No

20. Do you carry cargo that requires special permits or special routs (HC routes)? Yes No

21. Does any of your work or operations cross international borders? Yes No
22. How many times per year does your work and operations cause you to cross an international border? _____

If you cross into Mexico, coverage is not applicable.

23. Does your driver selection include:
- | | |
|--|--|
| <input type="checkbox"/> Written application | <input type="checkbox"/> Physical exam |
| <input type="checkbox"/> Check with previous employer | <input type="checkbox"/> Criminal background check |
| <input type="checkbox"/> Drug test prior to hiring | <input type="checkbox"/> Random drug test after hiring |
| <input type="checkbox"/> Obtaining MVR before hiring | <input type="checkbox"/> Obtaining MVR after hiring |
| <input type="checkbox"/> Road test in type of vehicle to be operated | |

24. Do you agree to promptly report driver changes within 10 business days? Yes No
25. Do you agree to promptly report any driver with an expired/suspended license? Yes No

- 26.
- Any policy or coverage declined, cancelled or non-renewed during the prior three (3) years for any reason: Yes No
If yes, please explain: _____
 - During the last five (5) years has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other units property? Yes No
If yes, please explain: _____
 - Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy in the last five (5) years? Yes No
If yes, please explain: _____
 - Has applicant been denied any loan request in the last three (3) years based on credit scores? Yes No
If yes, please explain: _____
 - How many months since last credit score taken? _____
 - Applicant approximate last credit score (check one): ___ <500, ___ 500-550, ___ 550-600, ___ 600-650, ___ 650-700, ___ 700-750, ___ >750
 - Has applicant had any judgement or lien against them in the last five (5) years? Yes No
If yes, please explain: _____

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 on 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 statement 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 same are hereby made the basis and condition of the Insurance.

Agency: _____

Producer Signature: _____

Insured's Printed Name: _____ DOB _____ DL# _____

Insured Signature: _____

Date: _____

NON DRIVING STATEMENT:

I, the undersigned, do hereby certify that I do not drive any vehicle(s) that require a commercial driver's license (CDL).

Signature: _____