

APPLICATION FOR COMMERCIAL PHYSICAL DAMAGE INSURANCE

Name of Applicant					
Address					
		Zip	Phone		
Coverage to be effective F	rom	То	Insured is: 🗆 Individua	l Partnership	□ Corporation
nsured's business?			Yo	ears experience in this bus	iness?
Type of Cargo carried					
Will any of your Equipmen	it ever be loaned or leased	d to others?(If yes, explain)			
D.G					
Define normal areas of op	erations:				
Number of Owner Operato	ors Employed		Do you wish Coverage t	o apply to those operators	? Yes or No
Maximum radius operated	by all trucks?	miles. Are tru	icks used for wholesale or	r retail delivery?	
Terminal Locations				Max. values any one location	on \$
			•		
		ed or renewal refused?			
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SHOW POLICY PERIODS FOR PAST THREE YEARS	DATE OF LOSSES	LOSSES BY COLLISION	LOSSES BY FIRE	LOSSES BY THEFT	OTHER LOSSES
FROM TO		\$	\$	\$	
	<u> </u>				\$
		\$	s	\$	\$

This application shall not be binding unless and until a down payment received and a policy issued and then only as of the commencement date of said policy and in accordance with all terms thereof. Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar same as known to the Applicant; and the same are hereby made the basis and condition of the insurance, and a warranty on the part of the Insured.

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the

Company, is made for the use and benefit of the Company only, and is not to be relied upon by the applicant in any respect.

SCHEDULE OF EQUIPMENT

	CHECK COVI	ERAGE DESIRED:								
	O FIRE	THEFT	IONAL COVERAGES	OCCUSION	DEDUCTIBLE	:\$	0	THER		
NO.	YEAR MODEL	TRADE NAME - DESCRIPTION TRAILER - FULL OR SEMI REFRIGERATED UNIT **	SEF	RIAL NUMBER	STATED AMOUNT *	PERCENT FACTOR	PREMIUM	l	LOSS PAYEE AND FULL ADDRESS	
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		INCLUDES COST OF SPECIAL EQUIINITS LIST SEPARATELY FROM TRAIL				: Ated amount v	ALUES \$			
SCHEDULE OF DRIVERS:			ADDRESS		DRIVER'S LICENSE NUMBER		DATE OF BIRTH	DRIVING RECORD LAST THREE YEARS		
				_						
Insured's Signature						1	PREMIUM	s	·	
hereby certify that after diligent effort I have been unable to procure the insurance applied for above from authorized insurers.						PO	LICY FEE	s	i	
	Name:							\$		
Address: _ -							TAX	\$		
Ву:			Date	<u> </u>			TOTAL	\$		