

U. S.A.

LLOYDS OF LONDON

Automobile Physical Damage Insurance

Commercial Vehicles

Proposal Form

1. Name of applicant:
2. Address:
3. Address of principal terminal if other than above:
4. Radius of operations Miles between principal cities
5. Type of cargo carried:
6. Number of years in this business:
7. Vehicle(s) legally owned by:
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 automobile insurance cancelled?
 - If so, state date, name of insurance carrier and reason(s) for cancellation:
11. Is vehicle(s) owner driven?
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 be loaned or rented to others?
16. Do you own or use trucks and/or trailers other than those listed under item 20 below?
17. Is equipment regularly inspected and serviced, if so, at what periods? **Daily by insured**
18. Board rate for terminal premises: **N/A**

19. Losses sustained by applicant last five years:

Year/Premium	Fire	Theft	Collision	Other
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

20. Description of vehicle(s):

Year	Make	Type	Serial Number	Fuel	OCN	Stated Amt
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

21. Loss payee:

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 Application 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 , X _____ Date _____
Applicant (state official position)

“Broker Name”

X _____ Date _____
Broker/Agent

