

**AUTO PHYSICAL DAMAGE APPLICATION
FOR USE WITH OUS364**

1. Applicant (include any d/b/a):

Business Structure: Sole proprietor; Corporation; LLC, Partnership)
Address: _____

Requested Policy Date: _____
Contact Name: _____
Phone Number: _____
Email Address: _____
Full name of any officer, director, manager, member, shareholder, partner, or owner of Applicant.

Has the Applicant or anyone identified in above, filed bankruptcy, individually or as owner, in the past 5 years? If so, please provide details:

Type of Carrier? _____
Type of Operation? _____
Number of years in business: _____ ICC Docket No. MC _____ DOT# _____
2. If different than above, what is the primary garaging/terminal address:

3. Radius of Operation: _____ Average one way trip distance _____
Type of Cargo carried:

4. Are Vehicle(s) Owner-Driven? _____
Are MVR Verifications obtained for all drivers? _____
Do drivers receive regular physicals? _____
Are there written guidelines for hiring new drivers? _____
Please give hiring requirements for employing new drivers:

5. Maximum any one unit \$ _____
Maximum combined unit limit \$ _____
Maximum any one catastrophe/terminal limit \$ _____
Towing, Labor & Storage Limit: \$2,500 Incl. ; \$5,000; \$10,000

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6. Description of Vehicle: (specify Truck, Tractor, Trailer, Reefer, Tanker)

Vehicle	Year	Make/Model	VIN #	Original Cost Including Equipment Alterations and Additions	Amount of Insurance Desired
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

7. Vehicle(s) legally owned by: _____
 Additional interests/Loss payees:

Unit #	Name	Address

8. Do you own or use Trucks and/or Trailers other than those listed in Item 6? Yes No
 If "Yes" specify vehicles and state reasons why insurance is not required: _____

Non-Owned Trailer / Trailer Interchange Coverage needed: Yes No

1. Trailer Limit:\$ _____
 2. Loss Limit: \$ _____
 3. Deductible: \$ _____

While attached only OR While attached and up to 72 hours at secure location

9. Is Equipment regularly inspected and serviced? Yes No
 If so, at what periods? _____

10. Do you ever use hired equipment? Yes No
 Is any of your Equipment ever loaned or rented to others? Yes No

11. Please list all drivers:
 PLEASE NOTE: Drivers under the age of 23 and over the age of 70 will require special acceptance

	Driver's Full Name (as provided on driver's license)	Date of Birth	Driver's License		Years Commercial Driving	Years Driving For Applicant	# of Accidents Past 3 Years
			State	License Number			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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12. Does applicant keep written employee manual/handbook? Yes No
 Written safety manual? Yes No
 What criteria are used to determine whether to terminate employed drivers?

13. Premiums and Losses sustained by applicant last five years:

Year	Carrier	Premiums	Fire	Theft	Collision	Any other Loss

14. Please give details of your existing Auto Physical Damage insurance:

Carrier		Existing deductible	
Renewal offered?		Existing limit	
Existing rate		Expiry date	

Please give details of your existing Auto Liability Damage insurance:

Carrier		Expiry date	
Renewal offered?		Existing limit	

15. Has any insurer within the past 5 years refused to renew, declined to offer, or canceled Auto Physical Damage insurance to the applicant?: Yes No
 If so please give details:

16. **Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.**

I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form will be the basis of the contract, and that any change in the pattern of my/our business or business practices shall be advised to the Company which may at its discretion, alter the terms and conditions of the contract.

Signed _____ **Dated** _____
Position _____

Financed with:
Broker Signature:
Broker Name & Address: