

Automobile Physical Damage Insurance Questionnaire

Insured Information			
Name of applicant:			
Address:	City:	State:	Zip:
Address of principal terminal if other than above:			
Number of Years in This Business:		DOT #:	

Operations Information	
Type of cargo carried:	
Radius of operation:	Miles between following principal cities:
Will you ever use hired equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will any of your equipment ever be loaned or rented to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is equipment regularly inspected and serviced? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, at what periods?	

Prior Coverage					
Name of previous carrier:					
Has applicant had previous fire, theft and collision automobile insurance cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No; If so, state date, insurance company and reason for cancellation					
Premiums and losses sustained by applicant last five years:					
Year	Premiums	Fire	Theft	Collision	Any other physical loss

Vehicle Information
Vehicle legally owned by:
Loss payable to:
Is vehicle(s) owner-driven? <input type="checkbox"/> Yes <input type="checkbox"/> No
If drivers are employed, what pre-employment checks are in place?
If more than one vehicle covered, what is the estimated maximum possible terminal loss?
Name of carrier of public liability and property damage insurance:
Amount of deductible(s) on collision:

Automobile Physical Damage Insurance Questionnaire Continued

Description of Vehicle(s): Specify truck, tractor, trailer, semi, etc.					
Item No.	Trade Name	Model Year	Type (<i>Truck, Tractor, Trailer, Semi-Trailer, Truck Type Tractor</i>)	Complete VIN	Stated Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Applicant Signature: _____ Date Signed: _____

Requested Effective Date: _____ at 12:01 a.m.

Disclaimer

The signatory below is an authorized representative of the proposed insured and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name (*please print*)

Date

State Producer License Number