

**PROPOSAL FORM**

**FOR AUTO PHYSICAL DAMAGE**

1. Name: .....
2. Doing Business As (DBA), if applicable: .....
3. Address: .....
4. Terminal Address (if different to address given above) .....
5. MC Number: .....
6. DOT Number: .....
7. Number of Years in business: .....
8. Radius of Use: **Miles** .....
9. Any Prior Insurance Coverage Cancelled or Refused? ☐ Yes ☐ No  
If yes, state date, name of Insurance Company and reasons for cancellation.  
.....

10. Vehicles

Vehicle Schedule				
Year	Make	Type	VIN	Value
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

☐ Additional Units (Please use vehicle schedule extension page)

Does the applicant have any Non-Owned Trailers? ☐ No ☐ Yes

If yes, please list the value of any non-owned trailers \$

**TOTAL INSURED VALUE:** \$

11. Drivers

Drivers Schedule (Please note all drivers must be in line with the Driver Criteria)					
Driver Name	Date of Birth	License No. & State	No. of Years Experience	Violations	Accidents

☐ Additional Drivers (Please use driver extension page)

12. Deductible Required (please tick).

☐ \$1,000

☐ \$2,500

13. Type of Cargo Hauled: (please tick)

☐ Dry Van

☐ Refrigerated

☐ Flatbed

☐ Containerized

☐ Other (please describe)

**AUTO PHYSICAL DAMAGE**

1. Will any of your scheduled equipment ever be loaned, rented or leased to any third party? ☐ Yes ☐ No  
If yes, who will be responsible for loss and/or damage to such loaned, rented, or leased equipment while in the care custody and control of third parties?

2. Do you own or use trucks and/or trailers other than those specified in this schedule? ☐ Yes ☐ No  
If yes, specify such vehicles and state reasons why insurance is not required.

3. Is all specified equipment regularly inspected and serviced? ☐ Yes ☐ No  
Give brief details;

4. **Loss Experience**

Paid and outstanding loss information: Losses sustained by applicant during last 3 years showing details for each year separately and whether claims are from before or after any deductible. Please specify amount of deductibles.

Loss Experience				
If no losses in past 3 years please tick box <input type="checkbox"/>				
<u>Year</u>	<u>Deductible</u>	<u>Total Insured Value</u>	<u>Total Incurred Claims</u>	<u>Additional Claim Details</u>

5. **Loss Payees (if applicable)**

<u>Unit VIN No.</u>	<u>Loss Payee</u>

6. Please give details of your prior auto physical damage insurance (last three years is applicable):

Carrier		Deductible	\$	Rate	%
Renewal Offered?		Expiry Date		Total Insured Value	\$
Carrier		Deductible	\$	Rate	%
Renewal Offered?		Expiry Date		Total Insured Value	\$
Carrier		Deductible	\$	Rate	%
Renewal Offered?		Expiry Date		Total Insured Value	\$

**APPLICANT STATEMENT:** I hereby authorize the insuring companies and/or its agents to obtain from the department of public safety a copy of my motor vehicle report for use in rating and/or underwriting the insurance for which I do hereby apply, and any renewal thereof. I understand that in obtaining a motor vehicle report a consumer reporting agency may be used by the insurer(s) and I do hereby authorize such use. I hereby certify that the named drivers listed on this application have authorized me to consent on their/his/her behalf for the insurer to obtain motor vehicle report(s) for rating and/or underwriting.

**DECLARATION:** I/We declare that the statements given on this form are true to the best of my/our knowledge and belief and that/We agree that if a policy is issued, this form shall be the basis of the contract and that any changes of my/our trade or trade practices shall be advised to underwriters who may at their discretion vary the terms and conditions of the contract. All statements on this application will become warranties to the policy.

**FRAUD NOTICE: Please Read Carefully!**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties.

**DISCLAIMER:** THIS IS NOT A BINDER OF COVERAGE, AND THIS DOCUMENT DOES NOT PROVIDE INSURANCE COVERAGE! This is an application for insurance only and does not guarantee coverage to anyone in possession of this document, nor should this document be relied upon by any person or entity as evidence of the existence of insurance coverage. The general coverage descriptions in the application are for information purposes only and are abbreviated. You will need to refer to the actual insurance policy for all specific coverages, coverage amounts, terms, conditions, limitations and exclusions. If there is any conflict between the information contained within this application and the actual insurance policy, the policy provisions will prevail. To obtain a complete policy, please contact our office.

**I understand that hiring of acceptable drivers and the reporting of all drivers is a requirement of this insurance.  
Failure to do may result in cancellation of any policy issued and any loss disclaimed.**

**Applicant's Signature:**

Dated

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**Agency:**

**Address:**

**Phone:**

**Fax:**

### Vehicle Schedule Extension

[illegible]

**Drivers Schedule Extension (Please note all drivers must be in line with the Driver Criteria)**

[illegible]