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AUTOMOBILE REVIEW SHEET

FEIN#

State of Garaging: _____

Agent: _____

Underwriter: _____

Phone Number: _____

IMPORTANT NOTE: If the insured Transport Cranes or require a Filing, please decline.

Insured: _____ Effective Date: _____

Operations: _____ Yrs. In Business: _____

Expiring Carrier: _____ Premium: \$ _____ Target Premium: \$ _____

Number of Operators: _____ Age Range: _____ to _____ Radius: _____

Coverages & Limits:

Liability \$ _____; PIP \$ _____; UM/UM \$ _____; Comp _____ Coll _____

LOSS HISTORY

Year	Total Incurred	No of claims	Liability	Phy Dam
05-06				
04-05				
03-04				
02-03				
01-02				

#	VEHICLE	GVW	VALUE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Physical damage total values: Stated Amount: \$ _____ Cost New: \$ _____

Number of:

ExHeavy _____; Heavy _____; Medium _____; Light _____; PPT;s _____; Trailers (class code 684-only) _____