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COMMERCIAL PHYSICAL DAMAGE APPLICATION (CSICPD2/01)

Name of Applicant: _____

Address: _____ Zip: _____ Phone# _____

Date coverage to be effective From: _____ To _____

Insured is: Individual Partnership Corporation

Insured's Business: _____ Years Experience in Business: _____

Type of Cargo carried: _____

Will any of your Equipment ever be loaned or rented to others? (If yes, explain): _____

DESCRIPTION AND AREA OF OPERATIONS

Define normal area of operations: _____

Maximum radius operated by all trucks: _____ miles. Are trucks used for wholesale or retail delivery? _____

Terminal Locations: _____ Maximum equipment value any one location: _____

PREVIOUS BUSINESS AND LOSS EXPERIENCE

Name of your insurance carrier for last 3 years: _____

Have you ever had insurance for this type of operation cancelled, declined or renewal refused? _____

(If so, explain fully below giving name of insurance companies, dates and reason for cancellation of refusal)

Show Policy Periods for Past 3 Years		Date of Losses	Losses By Collision	Losses By The	Losses By Theft	Other Losses
From	To		\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

This application shall not be binding unless and until a policy shall be issued and a down payment received and then only as of the commencement date of said policy and in accordance with all terms thereof, and the said Applicant hereby covenants and agreed 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 a condition of the insurance, and a warranty on the part of the Insured.

It is mutually understood and agreed between the Company and the Applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

--- Show Premium Computations For Percentages and Surcharges Below ---

Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty for a felony and will be subject to criminal and civil penalties.