



AUTO PHYSICAL DAMAGE APPLICATION

160 WATER STREET, 16TH FLOOR, NEW YORK, NY 10038
PHONE 212 344-3000. FAX 212 422-0253

AGENCY	PROPOSED EFF DATE	PROPOSED EXP DATE
PHONE (No., Extension):	DIRECT BILL	PAYMENT PLAN
FAX (No., Extension):	AGENCY BILL	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)				MAILING ADDRESS INCL ZIP +4 (Of First Named Insured)			
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	LLC	INSPECTION CONTACT	
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE			PHONE (No., Extension):	

Number of years experience in this business: _____ Operates in States of: _____
 Is this your primary business? Yes No _____
 If no, explain: _____ Principal Cities: _____
 Estimated Annual Mileage: _____

Describe the operations of Insured: _____

Name and address of the Insured's business or employer: _____

Commodities Carried:(GIVE APPROXIMATE PERCENTAGE IF MORE THAN ONE COMMODITY. AVOID TERM "GENERAL MERCHANDISE".)

Vehicle(s) legally owned by: _____
 Loss Payable to: _____

Losses:

FROM	TO	VALUE OF TOTAL FLEET	NUMBER OF UNITS	PREMIUM	AMOUNT DEDUCTIBLE	TOTAL LOSS AMOUNT	TOTAL NO. OF LOSSES	INSURANCE CARRIER

Prior Carrier(s) and Loss History: (PLEASE ATTACH 3-YEARS HARD COPY LOSS RUNS)

Has the Physical Damage insurance ever been cancelled, declined or renewal refusal? Yes No
 If yes, what are the reason(s) for cancellation, declination or renewal refusal? _____

Does the Insured own or use Vehicles and/or Trailers other than those listed in this application? Yes No
 If yes, specify vehicles and state reasons why insured is not required: _____

Terminal / Storage Yard Information:

Address of Principal Terminal / Storage Yard: _____

Address of Other Terminals / Storage Yards: _____

Security of Terminal(s) / Storage Yard(s): (I.E. – FENCING, CAMERA(S), SECURITY GUARD(S), ETC.)

Maximum – Terminal / Storage Yard exposure (limits): _____

Average – Terminal / Storage Yard exposure (limits): _____

Livery Vehicles:

Average miles driven daily: _____

Does each driver have a commercial license? Yes No

Buses or Shuttles:

Bus Height: _____

Bus Customization(s): _____

TLC:

Limousines: _____

Stretch Limos Over 80': _____

Stretch Limos Under 80': _____

Standard Limos: _____

School Bus

Charter Bus

Luxury Bus

Custom Bus

Public Transit / Municipality

Ambulette / Medi Van

Airport

Other: _____

Driver Information: (PLEASE INCLUDE CURRENT MVRS OF ALL DRIVERS ON APPLICATION)

DRIVER NAME	DATE OF HIRE	# YRS COMMERCIAL DRIVING EXPERIENCE

All Perils Deductible requested: \$ _____

Description / Schedule of Vehicles:

#	MODEL YEAR	TRADE NAME	TYPE	VIN	ORIGINAL COST NEW PLUS EQUIPMENT, ALTERATIONS AND ADDITIONS	AMOUNT OF INSURANCE DESIRED

Are driver's permitted to use vehicles for personal use? Yes No

Are vehicles owner operated only? Yes No

Applicant's Signature: _____ Title: _____ Date: _____
(OWNER, PRINCIPAL, OR PARTNER)

Broker's Signature: _____ Date: _____

Address: _____