

NON-TRUCKING AUTO LIABILITY (U.S.A.) PROPOSAL FORM

1.	Name of Applicant:				
2.	Address:				
3.	Address of principal garaging location if other than above:				
4.	Name and address of Trucking Company to whom you are permanently leased:				
5.	DOT # of Trucking Company:				
6.	Number of years in the trucking business:				
7.	Vehicle(s) legally owned by:				
8.	Name of previous insurance carrier:				
9.	Has Applicant had previous Non-Trucking Liability insured cancelled? Yes No				
	If yes, state date, name of Insurance Company and reason for cancellation:				
10.	Is/are vehicle(s) owner-driven? Yes No If drivers are employees, what investigations are made?				
11.	Is equipment regularly inspected and services? Yes No If yes, at what periods?				
12.	Equipment List:				
	Year Make VIN (serial number)				

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13. Drivers List (please include current MVR on all drivers)

Name	DOB	Years' Experience

14. Premium and losses stained by applicant in the last three (3) years:

Year	Premiums	Property Damage	Bodily Injury	Total Paid	Comments

15. Limits requested:

NTL:	\$500,000 CSL	\$1,000,000 CSL	
UM/UIM:	\$50,000 CSL	Other: \$	

This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters 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 condition of the Insurance.

Signed at:

This _____ day of _____, 20____ By: _____

(Applicant) (Applicant should state official position)

Agent: _____

Location of Agency: _____