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Information Sheet

AUTOMOBILE PHYSICAL DAMAGE INSURANCE

COMMERCIAL VEHICLES (U.S.A.)

PROPOSAL FORM

1. Name of Applicant:
2. Address:

	Number	Street	City	State
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3. Address of Principal Terminal if other than above:
4. Radius of Operation: Miles between following principal cities:
5. Type of Cargo carried:
6. Number of Years in this business:
7. Vehicle(s) legally owned by:
 Loss Payable to
8. Name of previous Carrier:
9. Name of Carrier of Public Liability and Property Damage Insurance:

10. Has Applicant had previous Fire, Theft and Collision Automobile Insurance
 Cancelled? If so, state date, name of Insurance Company and
 reason for cancellation:

11. Is Vehicle(s) Owner-Driven?

 If drivers are employed, what investigations are made?



12. If more than one Vehicle covered, what is the estimated maximum possible terminal loss?

13. Amount of Deductible(s) on Collision:

14. Will you ever use hired equipment?

15. Will any of your Equipment ever be loaned or rented to others?

16. Do you own or use Trucks and/or Trailers other than those listed under Item 20 below?

If answer is "Yes" specify vehicles and state reasons why insurance is not required:

17. Is Equipment regularly inspected and serviced, if so, at what periods?

18. Board Fire rate for terminal premises:

19. Premiums and Losses sustained by applicant last five years:

		LOSSES			
Year	Premiums	Fire	Theft	Collision	Any other physical Loss
20					
20					
20					
20					
20					

