



Commercial Auto Physical Damage Proposal Form

1. Policy Period: _____ To _____

2. Are Present Policies being Cancelled or Non-Renewed?

Yes No – Describe: _____

3. Years in Business: _____

4. Name of Applicant: _____

5. Mailing Address: _____

_____, _____

6. Terminal Address: _____

_____, _____

Terminal Address[2]: _____

_____, _____

7. Business is a: Common Carrier Contract Carrier Private Carrier Bobtail

8. Types of Commodities Hauled? _____ [Avoid General Commodities term]

9. Do you own other Equipment other than those listed in this submission?

No Yes – Describe: _____

10. Will you ever use hired equipment? No Yes – Describe: _____

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

No Yes – Describe: _____

1778 Orleans Street / Mandeville, La 70448

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www.epinsurance.com / auto@epinsurance.com

12. Please describe the maintenance / incentive program[s] in place currently[check all that apply]:

- Internal Routine Maintenance Dept. Program
 Outsourced Maintenance
 Formal Safety Director
 Informal Safety Program
 Driver Incentive Program
 MVR's Checked Prior to Hiring

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

LOSSES

<u>Year</u>	<u>Premiums</u>	<u>Fire</u>	<u>Theft</u>	<u>Collision</u>	<u>Any other physical Loss</u>
98 to 99	\$	\$	\$	\$	\$
99 to 00	\$	\$	\$	\$	\$
00 to 01	\$	\$	\$	\$	\$
01 to 02	\$	\$	\$	\$	\$
02 to 03	\$	\$	\$	\$	\$

14. Description of Vehicle: (Specify Truck, Tractor, Trailer, Semi.) Check if Supplemental vehicle schedule is attached.

Item No.	Vehicle Type	Year	Type: PP, Light Truck, Truck, Tractor Trailer, Trailer, Dump, Cargo Van, Etc.	Vin Number.	Radius L = Local I = Intermediate L = Long Haul	Stated Amount – ACV Value
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$
8						\$
9						\$
10						\$

This application shall not be binding on the Underwriters / Cover Holder 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 ; 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.

Signature Section:

This day of 2003

By: _____ Title: _____

(APPLICANT)

Agent: _____ Agency: _____

EPISCAPD [05/03]