



PHYSICAL DAMAGE SUPPLEMENTAL APPLICATION

Policy Term: _____ to _____ Date quote needed: _____

Applicant Information

Applicant Name: _____

Mailing Address: _____

Garage Address (if different from above): _____

Entity Type: Individual Partnership Corporation LLC Other: _____

Description of Business: _____

Contact Person (name and phone number): _____

Is this a new venture? Is the operation seasonal? Is your operation currently for sale?

Annual Receipts (prior year): _____ Estimated receipts for this year: _____

Have you filed bankruptcy within the last 5 years, or do you plan on filing bankruptcy?

Provide details, if yes: _____

List all states that you operate in: _____

Radius of operation: 50 miles % 51-200 miles % 201-500 miles % 501 miles + %

Affiliates and Subsidiaries (name, address and relationship interest):

1. _____

2. _____

Loss payees? If Yes, please indication which vehicle and provide the name and address below:

1. _____

2. _____

3. _____



DRIVER LIST (Attach additional sheet if necessary)

All drivers MUST have 2 years continuous US license experience. Qualified CDL drivers MUST have 3 years to operate a tractor trailer.

	Driver Name	Date of Birth	License #	State	Years Exp	CDL Y/N
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

VEHICLE LIST (Attach additional sheet if necessary)

*Comprehensive Deductibles: \$1,000 to \$25,000 for light trucks and PPT's; all other choose \$2,500 to \$25,000 deductible
 Collision Deductibles: \$1,000 to \$25,000 for light trucks and PPT's; all other choose \$2,500 to \$25,000 deductible*

	Year	Make	Body Type	VIN	Est Annual Mileage	S-Service R-Retail or C-Commercial	Max Radius	Stated Amount	*Comp Ded	*Coll Ded
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										



UNDERWRITING QUESTIONS:

1. Do the drivers listed have any of the following violations: (DUI/DWI of drugs or alcohol, license suspensions or expired license, reckless driving, driving while suspended or while under revocation or expired license, felony, hit and run, refusal to submit, eluding an officer)? _____
If Yes, please explain _____
2. Are you complying with the U.S. Department of Transportation driver regulations? _____
3. Do any of the vehicles include permanently attached equipment? _____
If yes, please describe _____
4. Do you have any tank trucks/tank trailers over 3,000 gallon capacity? _____
5. Do your driver selection procedures include:
 - a. Written Application: _____ b. Written Test: _____ c. MVR Check: _____ e. Interview: _____
 - d. Pre-Hire Physical: _____ f. Driving Test: _____ g. Reference Verification: _____
 - h. Drug Test: _____ If yes, how often? _____
 Do you keep the above documentation in the Driver's file? _____
6. Do you have a TIV over \$6,000,000 at any one location? _____
7. Any drivers with a combination of 4 or more violations/accidents in the past 12 months? _____
8. Any drivers with more than 2 at fault accidents in 3 years? _____
9. Do you haul any hazardous materials as defined by the EPA? _____
10. Number of owned/leased vehicles:

PPTs _____	Light _____	Medium _____	Heavy _____	X-Heavy _____
Heavy Tractor _____	X-Heavy Tractor _____	Trailer _____		
11. Have you ever been declined, cancelled or non-renewed for physical damage coverage? _____
If yes, please explain _____
12. Do you have a safety program in place? _____ If yes, is it a formal written plan? _____
13. Do you employ a Safety Director/Manager? _____ If yes, # of years with firm: _____
14. Do you have any telematics in place? _____ Details: _____
15. Is there a maintenance manager? _____
16. Do you keep maintenance records on each vehicle? _____
17. Any drivers under 22 or over 70 years of age? _____
18. Do employees take vehicles home? _____
19. Do you have a personal use policy in place? _____
20. Is there a cell phone policy in place? _____
21. Are any passengers' non-employees? _____
22. Do you have a catastrophic loss mitigation and vehicle evacuation plan in the event of a storm or imminent threat to the insured vehicles? _____

By signing this application, I affirm all the information is accurate and agree that any change to the above will be communicated to my agent or to the company immediately.

Applicant Name: _____ **Applicant Signature:** _____
Title: _____ **Date:** _____

Agency Name: _____
Producer Name: _____ **Producer Signature:** _____ **Date:** _____