

# NEW ENGLAND EXCESS EXCHANGE, LTD.

Post Office Box 219, Montpelier, Vermont 05601  
(800) 548-4301 / FAX 800-347-4935

## AUTOMOBILE PHYSICAL DAMAGE- FIRE, THEFT AND COLLISION

1. Full name of applicant: \_\_\_\_\_
2. Full address of applicant: \_\_\_\_\_  
\_\_\_\_\_
3. Has applicant had **previous Commercial Vehicle Physical Damage** insurance cancelled or refused?  
 Yes  No, if yes, state when and reasons for cancellation or refusal: \_\_\_\_\_  
\_\_\_\_\_
4. Full address of principal terminals if other than above: \_\_\_\_\_  
\_\_\_\_\_
5. Details of fire and theft precautions installed/adopted at terminals: \_\_\_\_\_  
\_\_\_\_\_
6. How many years in this business? \_\_\_\_\_
7. Radius of usual operations: \_\_\_\_\_
8. Types of cargos usually carded: \_\_\_\_\_
9. Total insured value of schedule -Actual Cash Value (A.C.V.) Basis: \_\_\_\_\_  
Please also give approximate **Total Insured Value** of schedule (A.C.V. Basis) for the last three years each year shown separately: 19 \_\_\_\_\_ 19 \_\_\_\_\_ 19 \_\_\_\_\_
10. (a) Limit any one single unit: \_\_\_\_\_  
(b) Limit any one combination of units: \_\_\_\_\_  
(c) Limit any one occurrent/terminal: \_\_\_\_\_
11. (a) Details of driver hire investigations and guidelines observed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(b) Full list of drivers under 25 years of age (attach separate list), showing details of any violations other than speeding tickets during last three years, and state for each how long they have been employed by applicant.  
If none, state none: \_\_\_\_\_  
Applicants attention is drawn to Insuring Conditions which state in Exclusion 5(l) that this insurance does not cover loss of or damage to any automobile while operated, maintained or used by any person in violation of State Law as to age or by any person under the age of twenty-five years remain entirely at Underwriters discretion and specific agreement must be sought if applicant wishes to have cover extended for such under twenty-five year old drivers.
12. Will any of your scheduled equipment ever be loaned, rented or leased to any third party?  Yes  No  
It yes, who will be responsible for loss and/or damage to such loaned, rented or leased equipment whilst in the care, custody and control of third parties? \_\_\_\_\_  
\_\_\_\_\_
13. Do you own or use trucks and/or trailers other than those specified elsewhere in this proposal form?  
 Yes  No, if yes, specify such vehicles and state reasons why insurance is not required: \_\_\_\_\_  
\_\_\_\_\_
14. Is all specified equipment regularly inspected and serviced?  Yes  No, give brief details: \_\_\_\_\_  
\_\_\_\_\_

15. Paid and outstanding losses sustained by applicant last five years showing details for each year separately and whether paid Claims are from ground up or net of any deductible. Please specify amount of deductibles:

19 \_\_\_\_\_  
19 \_\_\_\_\_  
19 \_\_\_\_\_  
19 \_\_\_\_\_  
19 \_\_\_\_\_

16. Preferred deductible: \_\_\_\_\_

**SCHEDULE:**

Please attach to this proposal form a full description of all vehicles, etc., to be insured; specifying for each unit, the following:

1. Item Number
2. Name of Manufacturer
3. Model Year
4. Type of Unit (truck, trailer, semi-trailer, tractor, etc.)
5. Serial Number
6. Current Actual Cash Value (A.C.V.)
7. Loss Payee

**DECLARATION:**

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 \_\_\_\_\_ 119 \_\_\_\_\_

By \_\_\_\_\_ Title: \_\_\_\_\_

Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_