

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 _____, 19____

By _____ Title: _____

Agent: _____ Telephone: _____

Address: _____