



Commonwealth
Underwriters Ltd.

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COMMERCIAL AUTOMOBILE PHYSICAL DAMAGE INSURANCE PROPOSAL FORM

(ALL QUESTIONS MUST BE ANSWERED)

1. Proposed Effective Date:

2. Name:		3. Address:		4. Address of Principal Terminal if other than address in Item 3.			
5. Business Is: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private Carrier <input type="checkbox"/> Bob-Tail Operation No. of Years in Business:				6. Full names and titles of officers, owners, partners:			
7. No. of Years in Business:				8. Names of Principal Shippers:			
9. Operates in States of:				10. Principal cities:			
11. Radius of Operation (List no. units in each group):				12. Number and Pieces of equipment - Property Carriers:			
Vehicle Type	50 miles	200 miles	Over	Vehicle Type	Owned Equip.	Equip. Long Term Lease From Others	Equip. Long Term Lease To Others
Trucks				Trucks (other than dump)			
Tractors				Tractors			
Trailers				Semi-trailers			
				Full Trailers			
				Tank Semi-trailers			
				Tank Trailers			
13. Name of present insurance carrier(s) and Policy No.: Auto Physical Damage:				Refrigerated Trailers			
				Service Trucks			
14. Are present policies being cancelled or not renewed by insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO				Private Pass. Cars			
Details:				Dump Trucks			
15. Types of commodities transported by property carrier (Avoid term "General Merchandise". Name principal commodities):							
16. Do you own equipment other than that included in this submission? <input type="checkbox"/> YES <input type="checkbox"/> NO Details in Remarks section if "Yes".							
17. Do you trailer interchange equipment with other carriers? <input type="checkbox"/> YES <input type="checkbox"/> NO Details in Remarks section if "Yes".							

18. Coverage Desired

Collision ☐
Specified Perils ☐
Comprehensive ☐

19. Description of Equipment

No.	Trade Name	Year Built	Type	Serial Number	ACV	Legally Owned By
1						
2						
3						
4						
5						
6						
7						

* If more than seven (7) vehicles are to be covered, attach complete schedule of equipment listings and the required information as indicated in question 19 above.

All Perils Deductible requested: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐

20. Loss Experience – Past Four Years

From	To	Value of total fleet	Premiums	Amount Deductible	Coll. Loss after Ded.	FTCAC Losses	Insurance Carrier

21. Driver's Full Name as it appears on License:

NAME	BIRTH DATE	STATE & DRIVER LICENSE NUMBER	YEARS OF COMM. DRIVING EXPERIENCE	EMPLOYMENT DATE

IF MORE SPACE IS NEEDED, ATTACH COMPLETE DRIVER ROSTER.

REMARKS:

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AUTHORIZED SIGNATURE

DATE

BROKER AGENT: _____

AGENT'S ADDRESS: _____