

PROPOSAL FORM

(ALL QUESTIONS MUST BE ANSWERED)

1. Name	2. Address	3. Address of Principal Terminal if other than address in Item 2.
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4. Business Is: <input type="checkbox"/> Common Carrier No. years in business _____ <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private Carrier <input type="checkbox"/> Bob-Tail Operation	5. Full names and titles of officers, owners, partners. _____ 6. Names of Principal Shippers _____
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7. Operates in States of: _____	8. Principal cities: _____
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9. Radius of Operation (List no. units in each group)				10. 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			
11. Name of present insurance carrier(s) and Policy No.:				Full Trailers			
Auto Physical Damage				Tank Semi-trailers			
12. Are present policies being cancelled or not renewed by insurance company?				Tank Trailers			
<input type="checkbox"/> Yes <input type="checkbox"/> No				Refrigerated Trailers			
Details: _____				Service Trucks			
				Private Pass. Cars			
				Dump Trucks			

13. Types of commodities transported by property carrier (Avoid term "General Merchandise". Name principal commodities):

14. Do you own equipment other than that included in this submission? No Yes, Details in Remarks section if "Yes".

15. Do you trailer interchange equipment with other carriers? No Yes, Details in Remarks section if "Yes".

16. Description of Equipment					17. Coverage Desired			
No.	Trade Name	Year Built	Type	Serial Number	SP. PERILS	COLL.	ACV	Legally Owned By
1								
2								
3								
4								
5								
6								
7								

All Perils Deductible requested: 500 1000 2500

18. If more than one vehicle covered, give maximum possible terminal loss by fire/windstorm.	19. Is equip. regularly inspected and serviced? At what intervals?
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20. Loss Experience - Past Four Years

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

* If more than seven (7) vehicles are to be covered, attach complete schedule of equipment listing and the required information as indicated in questions 16 and 17 above.

