## QUAKER SPECIAL RISK a division of Quaker Agency, Inc.

## Automobile Physical Damage Insurance Commercial Vehicles Proposal Form

1.	Name of applicant:								
2.	Address:								
3.	Number Street City State Zip  Address of principal terminal if other than above:								
4.	Radius of operations: miles between following principal cities:								
5.	Type of cargo carried:								
6.	Number of years in business:								
7.	Vehicles legally owned by:								
	Loss payable to:								
8.	Name of prior insurer:								
9.	Name of automobile liability insurer:								
10.	Has applicant had previous Fire, Theft and Collision automobile insurance cancelled If yes, state date, name of insurance company and reason for cancellation:								
11.	Is the vehicle(s) owner also the operator? Yes; No. If drivers are employed what investigations are made?								
12.	If more than one vehicle is to be covered, what is the estimated maximum probable terminal loss? \$								
13.	Amount of Collision deductible desired: \$								
14.	Will you ever use hired equipment? Yes; No								
15.	Will any of your equipment ever be loaned or rented to others? Yes; No								

16. Do you own or use trucks and/or trailers other than those listed in the schedule												
below? Yes; No. If "Yes" specify vehicles and state reason(s) why insurance												
is	is not required.											
17. Is equipment regularly inspected and serviced? Yes; No												
At what periods:												
18. Drivers: On a separate page provide a schedule of drivers and include complete name,												
date of birth, drivers license number, copy of latest MVR.												
19. Summarize premium and loss information for the past 5 years below, and, attach a												
copy of currently valued, hard copy, company loss runs for the last 5 years.												
						Loss Information						
Year <u>Premium</u>				<u>Fire</u>		<u>Theft</u>	Col	Collision		<u>Other</u>		
20 \$												
20	_	\$										
20\$												
20		\$										
20		\$	;									
20. Ve	ehicle Sc	chedi	ule (atta	ıch a	a separate p	age	if necessary)					
Vehicle	Trade Nar	ne	Model	Typ	oe (Truck,	Ser	ial #	Gas	Original	Cost	Amount of	
#			Year	Tra	ctor, Trailer,			(G) or	New,	plus	insurance	
	Ser		Sen	ni-Trailer,			Diesel	equipment		desired		
				Tru	<b>71</b>			(D)	alterations	&		
				Tra	ctor)				additions		Φ.	
1.									\$		\$	
2.									\$		\$	
3.									\$		\$	
4.									\$		\$	
5.									\$		\$	
Applican true expo	ce herewith t hereby cov sition of all	and overants the fac	only as the s and agree ts and circu	comr s to a ımsta	nencement date of and with said Unc	of sai derwr to the	and until a contract of dissurance and in actiers that the foregoin risk to be insured, ins	cordance w g statement	ith all terms s and answer	thereo	f and the said just, full and	
Signature:						_	Title:					
Today's Date:												