



NON-TRUCKING AUTO LIABILITY (U.S.A.)

PROPOSAL FORM

1. Name of Applicant:
2. Address:
3. Address of Principal Garaging Location if other than above:
4. Name and Address of Trucking Company to whom you are Permanently Leased:
5. DOT # of Trucking Company:
6. Number of Years in this business:
7. Vehicle(s) legally owned by:
8. Name of previous Carrier:
9. Has Applicant had previous Non-Trucking Liability Insurance Cancelled? If so, state date,
name of Insurance Company and reason for cancellation:
10. Is Vehicle(s) Owner-Driven? If drivers are employed, what investigations are made?
11. Is Equipment regularly inspected and serviced, if so, at what periods?

12. List of Equipment

Year Make Serial #

13. Drivers List (please include current MVR)

Name DOB Years Experience

14. Premiums and Losses sustained by applicant last 3 years:

Year	Premiums	LOSSES			Comments
		Property Damage	Bodily Injury	Total	
20	\$	\$	\$	\$	
20	\$	\$	\$	\$	
20	\$	\$	\$	\$	

15. Limits Required: NTL ___ \$500,000 CSL ___\$1,000,000

UM/UIM ___ \$50,000 CSL ___ Other \$_____

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 20

By

(APPLICANT)

(Applicant should state official position)

AGENT

Location of Agency:

DKNTL2008