

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 the trucking business:											
7.	Vehicle(s) legally owned by:											
8.	Name of previous insurance carrie	 r:										
9.	Has Applicant had previous Non-Trucking Liability insured cancelled? Yes No											
	If yes, state date, name of Insurance Company and reason for cancellation:											
10.	Is/are vehicle(s) owner-driven? are made?	Yes	No		rs are e	mployees, wl	nat investigations					
11.	Is equipment regularly inspected ar	nd services?	Υ	es	No	If yes, at wl	nat periods?					
12.	Equipment List:											
	Year					VIN (serial number)						
		<u> </u>										
		<u> </u>										

	Name			DOB			Years' Experience		
14.	Premium a	and losses stained	d by app	licant in the l	ast three (3) y	ears:			
	Year	Premiums	Proper	ty Damage	Bodily Inju	ry To	otal Paid	Comments	
15.	Limits requ	uested:							
	NTL:	\$500,000 CSL	\$	1,000,000 C	SL				
	UM/UIM:	\$50,000	CSL	Other: \$	5				
								urance shall be issued	
								Insurance and in and with the Underwriters	
that the	foregoing	statements and a	nswers a	ire a just, full	and true expo	osition of	all the fact	ts and circumstances with are hereby made the	
		n of the Insurance		ine are knov	vii to tile Appli	icani, and	i ile same	are nereby made the	
Signed	at·								
Signed	aı.								
This	day	of	, 20		Ву:				
							(Applic		
Agent:									
Locatio	n of Agenc	y:							

13. Drivers List (please include current MVR on all drivers)