

# Automobile Physical Damage Application Form.

*Please answer all questions*

1. Name of the Assured: \_\_\_\_\_

Address: \_\_\_\_\_

2. Cargo Carried (give approximate percentage if more than one commodity): \_\_\_\_\_

3. Radius of operations: A. Under 100 miles \_\_\_\_\_% B. 100 to 350 miles \_\_\_\_\_% C. over 350 miles \_\_\_\_\_%

4. Equipment to be Insured (please show the split in the number of owned and owner operated units) :

<u>Type</u>	<u>Number of Units</u>	<u>Maximum Valued Unit</u>	<u>Total Values</u>
TRACTORS.....	owned _____ O/O's _____	\$ _____	\$ _____
TRUCKS.....	owned _____ O/O's _____	\$ _____	\$ _____
TRAILERS.....	owned _____ O/O's _____	\$ _____	\$ _____
SERVICE TRUCKS.....	_____	\$ _____	\$ _____
PRIVATE PASSENGER CARS _____	_____	\$ _____	\$ _____
<b>TOTAL</b>		\$ _____	\$ _____

5. Please complete the following prior experience table (provide 5 year information if it is available):

Policy Period	Total Fleet Value	# Tractors	\$ Losses / #	Premium/rate	Carrier	Deductible
	\$		\$ /	\$		
	\$		\$ /	\$		
	\$		\$ /	\$		
	\$		\$ /	\$		
	\$		\$ /	\$		

6. Coverage required? Comprehensive and collision \_\_\_ or Fire, theft, cac & collision \_\_\_ or please specify.

7. Is Trailer Interchange required? If so, please advise Limit \$ \_\_\_\_\_ per trailer and anticipated number of trailer/trailer days exposed for the next 12 months. \_\_\_\_\_.

8. Target      Deductible: \$ \_\_\_\_\_ each and every vehicle, each loss or each loss (per occurrence).  
 Premium Rate: \_\_\_\_\_ % .....is monthly payment scheme required ....YES / NO.  
 Inception date: \_\_\_\_\_ (please note that any quotes are only open for 30 days).

9. Safety control and maintenance procedures. - This application form is designed for preferred fleets, to help us to obtain the best possible terms please can you take time to provide us with full details of safety controls, hiring/firing and maintenance procedures by completing page two of the application.

**Safety control procedures**

*Where an option is given please circle the one that applies or cross out the one(s) that do not.*

- A) Does Assured have a full time safety director YES / NO..... How many years experience do they have in the trucking industry? \_\_\_\_\_.
- B) Number of drivers hired: past 12 months \_\_\_\_\_ currently \_\_\_\_\_. How many drivers were replaced \_\_\_\_\_.
- C) Ages of drivers: Minimum age \_\_\_\_\_ Maximum age \_\_\_\_\_. How many under 25 \_\_\_\_\_ or over 65 \_\_\_\_\_.
- D) Does driver selection procedure include:
- |                            |          |                         |          |
|----------------------------|----------|-------------------------|----------|
| Written Application        | YES / NO | Reference Checks        | YES / NO |
| Road Tests                 | YES / NO | Road Test Certification | YES / NO |
| Written Test Certification | YES / NO | Drug Testing            | YES / NO |
| Physical Examination       | YES / NO | MVR's checked           | YES / NO |
- E) Are MVR's requested periodically on existing drivers YES / NO if so How Often \_\_\_\_\_.
- F) Is there a policy for serious moving violations such as DUI, DWI, Reckless driving or a series of minor/speeding violations YES / NO if so please explain \_\_\_\_\_.
- G) Are safety meetings held MONTHLY / QUARTERLY / ANNUALLY and are incentives given for good driving experience? YES / NO.
- H) Are there accident investigation procedures? YES / NO .....if so details please \_\_\_\_\_.
- I) Does driver indoctrination include the following:
- |   |          |                           |          |
|---|----------|---------------------------|----------|
| Familiarization with Company Rules and Policies | YES / NO | Equipment Familiarization | YES / NO |
| Daily Vehicle Inspection Procedures             | YES / NO | Route Familiarization     | YES / NO |
| Accident Reporting Procedures                   | YES / NO | Emergency Procedures      | YES / NO |
- J) Is there any road supervision e.g. Road Patrol / Mechanical Recording Devices.
- K) Do any of the insured units have theft protection or alarm devices YES / NO \_\_\_\_\_.
- L) Are drivers allowed to carry family members or other passengers? YES / NO
- M) Does the Assured have their own maintenance facilities. YES / NO.
- N) Does preventative maintenance include the following:
- |                                 |          |                                 |           |
|---------------------------------|----------|---------------------------------|-----------|
| A record kept of each vehicle   | YES / NO | Daily vehicle condition reports | YES / NO. |
| Controlled inspection frequency | YES / NO |                                 |           |