Atlantic Marine Underwriters Inc., Atlantic House, 223 Kent Street West, Lindsay, Ontario K9V 2Z1
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AUTOMOBILE PHYSICAL DAMAGE INSURANCE

COMMERCIAL VEHICLES PROPOSAL FORM

1. Name of Applicant: ______________________________

2. Address: ______________________________
____
____

3. Address of Principal Terminal if other than above: ______________________________

4. Radius of Operations: A. Under 100 miles _____% B. 100 to 350 miles _____% C. Over 350 miles _____%

5. Cargo carried (give approx. % if more than one commodity): ______________________________

6. Number of Years in this business: ______________________________

7. Vehicle(s) legally owned by: ______________________________

   Loss Payable to: ______________________________

8. Name of previous Carrier: ______________________________

9. Name of Carrier of Public Liability and Property Damage Insurance:
____
____

10. Has Applicant had previous Fire, Theft and Collision Automobile Insurance Cancelled? ______ If so, state date, name of Insurance Company and reason for cancellation:
____
____

11. Is Vehicle(s) Owner-Driven? __________If drivers are employed, what investigations are made?
____

12. If more than one Vehicle covered, what is the estimated maximum possible terminal loss?
____

13. Amount of Deductible(s) on Collision: ______________________________

14. Will you ever use hired equipment? ______________________________

15. Will any of your Equipment ever be loaned or rented to others? ______________________________

16. Do you own or use Trucks and/or Trailers other than those listed under Item 19 below?
____

    If answer is "Yes" specify vehicles and state reasons why insurance is not required:
____

17. Is Equipment regularly inspected and serviced? If so, at what periods? ______________________________

18. Board Fire rate for terminal premises: ____

19. Equipment to be insured (please show the split in the number of owned and ower-operator units):

TYPE	NUMBER OF UNITS	MAXIMUM VALUED UNIT	TOTAL VALUES
Tractors	Owned ___ O/O's ___	$ ______________________	$ _________________
Trucks	Owned ___ O/O's ___	$ ______________________	$ _________________
Trailers	Owned ___ O/O's ___	$ ______________________	$ _________________
Service Trucks	Owned ___ O/O's ___	$ ______________________	$ _________________
Private Pass. Cars	Owned ___ O/O's ___	$ ______________________	$ _________________

TOTAL INSURED VALUE: $ ________________ **(PLEASE ATTACH VEHICLE SCHEDULE)

20. Please complete the following prior experience table – for last five /5 years:

Policy Period	Total Fleet Value	# Tractors	$ Losses / #	Premium/rate	Carrier	Deductible
______________	$______________	____________	$_______/_____	$__________	__________	$______
______________	$______________	____________	$_______/_____	$__________	__________	$______
______________	$______________	____________	$_______/_____	$__________	__________	$______
______________	$______________	____________	$_______/_____	$__________	__________	$______
______________	$______________	____________	$_______/_____	$__________	__________	$______

21. Is Trailer Interchange required? ___ Yes ___ No

    If yes, please provide: a) LIMIT: $__________________

    b) Number of trailer/trailer days exposed for the next 12 months: ___________

22. Does Assured have a full time Safety Program? ___Yes ___No If yes, brief details of Safety Program: __
____

23. Target Rate: __________________

24. Target Deductible: _______________ (each & every vehicle, each loss OR each loss, per occurrence)

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.

Dated: ______________________________ ____________________________________

____

____ ____________________________________

Signature & Title of Applicant Producer Name and Address