



# AUTO PHYSICAL DAMAGE APPLICATION

**SPECIALTY UNDERWRITERS**  
part of the **Crum&Forster** group

160 WATER STREET, 16TH FLOOR, NEW YORK, NY 10038  
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AGENCY		PROPOSED EFF DATE	PROPOSED EXP DATE
PHONE (No., Extension):		DIRECT BILL	PAYMENT PLAN
FAX (No., Extension):		AGENCY BILL	

### APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)			MAILING ADDRESS INCL ZIP +4 (Of First Named Insured)		
INDIVIDUAL	CORPORATION	LLC	INSPECTION CONTACT		
PARTNERSHIP	JOINT VENTURE		PHONE (No., Extension):		

Number of years experience in this business: \_\_\_\_\_ Operates in States of: \_\_\_\_\_  
 Is this your primary business?  Yes  No \_\_\_\_\_  
 If no, explain: \_\_\_\_\_ Principal Cities: \_\_\_\_\_  
 Estimated Annual Mileage: \_\_\_\_\_

**Describe the operations of Insured:** \_\_\_\_\_

**Name and address of the Insured's business or employer:** \_\_\_\_\_

**Commodities Carried:**(GIVE APPROXIMATE PERCENTAGE IF MORE THAN ONE COMMODITY. AVOID TERM "GENERAL MERCHANDISE".)

Vehicle(s) legally owned by: \_\_\_\_\_  
 Loss Payable to: \_\_\_\_\_

### Losses:

FROM	TO	VALUE OF TOTAL FLEET	NUMBER OF UNITS	PREMIUM	AMOUNT DEDUCTIBLE	TOTAL LOSS AMOUNT	TOTAL NO. OF LOSSES	INSURANCE CARRIER

### Prior Carrier(s) and Loss History: (PLEASE ATTACH 3-YEARS HARD COPY LOSS RUNS)

Has the Physical Damage insurance ever been cancelled, declined or renewal refusal?  Yes  No  
 If yes, what are the reason(s) for cancellation, declination or renewal refusal? \_\_\_\_\_

Does the Insured own or use Vehicles and/or Trailers other than those listed in this application?  Yes  No  
 If yes, specify vehicles and state reasons why insured is not required: \_\_\_\_\_

**Terminal / Storage Yard Information:**

Address of Principal Terminal / Storage Yard: \_\_\_\_\_

Address of Other Terminals / Storage Yards: \_\_\_\_\_

**Security of Terminal(s) / Storage Yard(s):** (I.E. – FENCING, CAMERA(S), SECURITY GUARD(S), ETC.)

Maximum – Terminal / Storage Yard exposure (limits): \_\_\_\_\_

Average – Terminal / Storage Yard exposure (limits): \_\_\_\_\_

**Livery Vehicles:**

Average miles driven daily: \_\_\_\_\_

Does each driver have a commercial license?  Yes  No

**Buses or Shuttles:**

Bus Height: \_\_\_\_\_

Bus Customization(s): \_\_\_\_\_

**TLC:**

Limousines: \_\_\_\_\_

# Stretch Limos Over 80': \_\_\_\_\_

# Stretch Limos Under 80': \_\_\_\_\_

# Standard Limos: \_\_\_\_\_

School Bus

Charter Bus

Luxury Bus

Custom Bus

Public Transit / Municipality

Ambulette / Medi Van

Airport

Other: \_\_\_\_\_

**Driver Information:** (PLEASE INCLUDE CURRENT MVRS OF ALL DRIVERS ON APPLICATION)

DRIVER NAME	DATE OF HIRE	# YRS COMMERCIAL DRIVING EXPERIENCE

All Perils Deductible requested: \$ \_\_\_\_\_

**Description / Schedule of Vehicles:**

#	MODEL YEAR	TRADE NAME	TYPE	VIN	ORIGINAL COST NEW PLUS EQUIPMENT, ALTERATIONS AND ADDITIONS	AMOUNT OF INSURANCE DESIRED

Are driver's permitted to use vehicles for personal use?  Yes  No

Are vehicles owner operated only?  Yes  No

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(OWNER, PRINCIPAL, OR PARTNER)

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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