



**Texas Specialty Underwriters, Inc.**  
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## **Automobile Physical Damage Insurance Commercial Vehicles**

### **PROPOSAL FORM**

Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

**THIS APPLICATION MUST BE COMPLETED, SIGNED AND DATED BY THE APPLICANT.**

1. Name of Applicant \_\_\_\_\_
2. Address \_\_\_\_\_  
Number Street City State
3. Address of principal Terminal if other than above \_\_\_\_\_  
\_\_\_\_\_
4. Radius of Operation \_\_\_\_\_ Miles between following principal cities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Type of Cargo carried \_\_\_\_\_  
\_\_\_\_\_
6. Number of years in this business \_\_\_\_\_
7. Vehicles(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-Driver? \_\_\_\_\_ If drivers are employed i) What investigations are made? \_\_\_\_\_ ii) Please list all drivers \_\_\_\_\_
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? \_\_\_\_\_ If Yes i) Will the hired equipment be on long or short term lease? \_\_\_\_\_ ii) Is Coverage for the hired equipment required under this proposal? \_\_\_\_\_
15. Will any of your equipment ever be driven, operated or used by anyone other than you or one of your employees? If yes, please explain \_\_\_\_\_
16. Do you own or use Trucks and/or Trailers other than those listed under Item 20 below? \_\_\_\_\_
17. Is Equipment regularly inspected and serviced, if so what periods? \_\_\_\_\_
18. Board Fire rate for terminal premises \_\_\_\_\_
19. Premiums and Losses sustained by applicant last five years:-

Year	Premiums	LOSSES			
		Fire	Theft	Collision	Any other Physical Loss
19					
19					
19					
19					
19					

20. Description of Vehicles: (Specify Truck, Tractor, Trailer, Semi.)

Item No.	Trade Name	Model Year	Type (Truck, Tractor, Trailer, Semi-trailer, Truck Type, Tractor)	Serial No.	Motor No.	Gas (G) or Diesel (D)	Original Cost New Plus Equipment Alterations and Additions	Amount of Insurance Desired
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

THIS APPLICATION SHALL NOT BE BINDING ON THE UNDERWRITER 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 APPLICANTS COVENANTS AND AGREES TO AND WITH THE UNDERWRITERS THAT THE 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 \_\_\_\_\_ 19

BY \_\_\_\_\_  
 (APPLICANT)  
 (APPLICANT SHOULD STATE OFFICIAL POSITION)

APPLICANT WITNESS \_\_\_\_\_

\_\_\_\_\_  
 AGENT

LOCATION OF AGENCY \_\_\_\_\_

DRIVER SCHEDULE OF CURRENT EMPLOYEES OF THE ASSURED

DRIVERS FULL NAME AND LICENSE NO.	DATE OF BIRTH	YEAR OF EXPERIENCE DRIVING COMMERCIAL VEHICLES	ACCIDENT PAST 3 YEARS (NUMBER)	AT FAULT ACCIDENT AND VIOLATION DESCRIPTIONS (PAST 3 YEARS)	M.V.R. POINTS