

# *Adriatic Insurance Company*

## APPLICATION FOR COMMERCIAL PHYSICAL DAMAGE INSURANCE

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Date Coverage to be effective From \_\_\_\_\_ To \_\_\_\_\_ Insured is:  Individual  Partnership  Corporation

Insured's business? \_\_\_\_\_ Years experience in this business? \_\_\_\_\_

Type of Cargo carried \_\_\_\_\_

Will any of your Equipment ever be loaned or rented to others? (If yes, explain) \_\_\_\_\_

Maximum radius operated by all trucks? \_\_\_\_\_ miles. Are trucks used for wholesale or retail delivery? \_\_\_\_\_

Terminal Locations \_\_\_\_\_ Maximum equipment value of any one location \_\_\_\_\_

### PREVIOUS BUSINESS AND LOSS EXPERIENCE

Name of your insurance carrier for last 3 years? \_\_\_\_\_

Have you ever had insurance for this type of operation cancelled, declined or renewal refused? \_\_\_\_\_

(If so, explain fully below giving name of insurance companies, dates, and reason for cancellation of refusal.)

SHOW POLICY PERIODS FOR PAST THREE YEARS		DATE OF LOSSES	LOSSES BY COLLISION	LOSSES BY FIRE	LOSSES BY THEFT	OTHER LOSSES
FROM	TO					
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$

This application shall not be binding unless and until a policy shall be issued and a down payment received and then only as of the commencement date of said policy and in accordance with all terms thereof, and the said Applicant hereby covenants and agreed 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 a condition of the insurance, and a warranty on the part of the insured.

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use of benefit of the Company only, and is not to be relied upon by the applicant in any respect.

--- Show Premium Computations For Percentages and Surcharges Below ---

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS FO AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY AND WILL BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

# SCHEDULE OF EQUIPMENT

THIS IS NOT A BINDER

CHECK COVERAGE DESIRED

FIRE    
  THEFT    
  COMBINED ADDITIONAL COVERAGE'S    
  COLLISION    
 DEDUCTIBLE: \$ \_\_\_\_\_ OTHER \_\_\_\_\_

No.	YEAR MODEL	TRADE NAME – DESCRIPTION TRAILER – FULL OR SEMI REFRIGERATED UNIT **	SERIAL NUMBER	STATED AMOUNT*	PERCENT FACTOR	PREMIUM	LOSS PAYEE AND FULL ADDRESS

\* STATED AMOUNT INCLUDES COST OF SPECIAL EQUIPMENT, (LIST SEPARATELY), IF ANY, ATTACHED TO VEHICLE.  
 \*\* REFRIGERATED UNITS LIST SEDEATELY FROM TRAILER GIVING SERIAL NUMBER.

SCHEDULE OF DRIVERS	ADDRESS	DRIVER'S LICENSE NUMBER	DATE OF BIRTH	DRIVING RECORD LAST THREE YEARS

\_\_\_\_\_  
 Insured's Signature

I hereby certify that after diligent effort I have been unable to procure the insurance applied for above from authorized insurers.

Producer's Name \_\_\_\_\_

Address \_\_\_\_\_

By \_\_\_\_\_ Date: \_\_\_\_\_

PREMIUM		\$ _____
POLICY FEE		\$ _____
		\$ _____
TAX		\$ _____
TOTAL		\$ _____