NMA1651 Lloyds Automobile Physical Damage Insurance Commercial Vehicles – Proposal Form

1.	Name of Applicant:
2.	Mailing Address:
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 legally owned by:
Los	s Payable to:
8.	Name of Previous Carrier:
9.	Name of Carrier of Auto Liability Insurance:
10.	Has Applicant has previous Fire, Theft and Collision Automobile Insurance Cancelled? [] Yes [] No
If Y	ES, 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? [] Yes [] No
15.	Will any of your Equipment ever be loaned or rented to others? [] Yes [] No
16.	Do you own or use Trucks and/or Trailers other than those listed under Item 20 below? [] Yes [] No
If a	
	nswer is YES specify vehicles and state reasons why insurance is not required

	PREMIUM		Losses - FIRE		THEFT	COLLISIO	N ANY	ANY OTHER	
9. Sch	nedule of Ve	hicles (S ₁	pecify Tr	ruck, Tractor, T	railer, Semi)				
tem No	Trade Name	Model	Year	Vehicle Type	Serial No.	Mileage	Original Cost	Amount	
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