

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:.....
- Loss 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 YES, state Date, Name of Insurance Company and reason for cancellation.....
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 11. Is vehicle(s) owner driven:.....If drivers are employed, what investigations are made?.....
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 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 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?.....

