

Adriatic Insurance Company

NAIC#39381

APPLICATION FOR COMMERCIAL PHYSICAL DAMAGE TRUCKING INSURANCE

Surplus Lines

Name of Applicant: <input type="text"/>	DOT #: <input type="text"/>		
Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	ZIP: <input type="text"/>

Phone Number: <input type="text"/>	Email: <input type="text"/>
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Coverage to be effective FROM: <input type="text"/>	TO: <input type="text"/>
Type of Cargo Carried <input type="text"/>	Years experience in this business? <input type="text"/>
Will any of your equipment ever be loaned/leased to others? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes to Whom? <input type="text"/>	Their DOT#: <input type="text"/>
Define normal areas of operations <input type="text"/>	Terminal Locations: <input type="text"/>
Number of Owner Operators Employed: <input type="text"/>	Do you wish coverage to apply to them? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are trucks used for wholesale or retail delivery? <input type="checkbox"/> YES <input type="checkbox"/> NO	Maximum radius operated by all trucks? <input type="text"/> miles
Max. values any one location \$ <input type="text"/>	
Have you ever had your insurance <input type="checkbox"/> Cancelled? <input type="checkbox"/> Declined? <input type="checkbox"/> Renewal refused?	

Name of your insurance carrier for the last 3 years <input type="text"/>	Are there any Loss Runs? <input type="checkbox"/> YES <input type="checkbox"/> NO
ANY losses in last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	YR& Amounts: <input type="text"/> <input type="text"/> <input type="text"/>

Coverage Options: <input type="checkbox"/> Collision and *Comprehensive-additional premium applies per unit/vehicle
<input type="checkbox"/> Collision and Fire, Theft & Combined Additional Coverages- Base pricing
<small>*Comprehensive may not be available in all states, Not underwritten in SC or KY. Fire, Theft & Combined Additional Coverages (specified perils) will be the only available coverage if Comprehensive is not underwritten in your area. Comprehensive coverage is an upgrade and additional premium applies.</small>

Towing Options: \$5,000 towing allowance is included in base pricing but is paid within the stated limit for any loss (see CXJ-6/21 Condition 17). May not be available in the event of a total loss when policy limits are being paid. For higher tow limit and payment outside of stated limit, you must select Elective Towing for additional premium to have available coverage for any loss. Tow limits are not stacked and all amounts listed represent the maximum towing benefit for any one loss. Loss must be due to covered peril. Towing is not available for mechanical breakdown.
<input type="checkbox"/> I want \$5,000 towing included at no charge. I understand it may not always be available if policy limits are paid to me.
<input type="checkbox"/> I want \$7,500 Elective Towing for an additional premium per unit/vehicle.
<input type="checkbox"/> I want \$10,000 Elective Towing for an additional premium per unit/vehicle.

This application shall not be binding unless and until a down payment received and a policy issued and then only as of the commencement date of said policy and in accordance with all terms thereof. Applicant hereby covenants and agrees that the forgoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar same as known to the Applicant; and the same are hereby made the basis and 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 and benefit of the Company only, and is not to be relied upon by the applicant in any respect. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF 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

Deductibles: May vary-see schedule **FIRE:** Deductible 2X amount for units 10yrs or older **THEFT:** NJ or FL Counties of Miami-Dade, Broward & Palm Beach -Greater of \$5,000 OR 20%, TX-\$5,000 Minimum

No	Year Model	Vehicle Make or Manufacturer **Refrigeration Unit	Vehicle Type	VIN Number	Stated Amount *	Deductible	Rate	Premium	Loss payee and full address
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

* Stated amount must include cost of refrigeration equipment, (list separately), if any, attached to vehicle. ** Refrigerated units list separately from trailer giving serial number

SCHEDULE OF DRIVERS: MVR REQUIRED FOR EACH DRIVER AT BINDING OR DRIVER WILL BE EXCLUDED. MVRs SUBJECT TO UNDERWRITER APPROVAL

Driver's Name:	Driver's License #	State	DOB	Driver's Name:	Driver's License #	State	DOB

Insured's Signature Date

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: _____

Producer's Signature: _____ Date: _____

Premium	\$
Policy Fee	\$
	\$
Tax	\$
Total	\$