

APPLICATION FOR COMMERCIAL AUTO PHYSICAL DAMAGE INSURANCE

SUTTER

Insurance Company

SUBMIT TO _____

GENERAL

1. Name of applicant _____ Individual Partnership Corporation
(As appears on state permits)
2. Mailing address _____
Street Address City County State Zip
3. Applicant's business _____ Years in business _____
4. Principal garaging location/
other terminals _____ Phone Number _____
5. Date coverage desired _____
6. Estimated financial worth \$ _____ Gross receipts/last year \$ _____ Estimated next year \$ _____

OPERATION DETAILS

1. Does applicant haul for others? _____ If yes, is he filed with PUC? _____
2. List all cargo _____
3. Does applicant own cargo? _____ If not, who owns it? _____
4. Does applicant rent or lease equipment to others without drivers? Yes No Does applicant understand that coverage being applied for will exclude vehicles rented or leased without drivers? Yes No
5. Name of liability carrier _____ Is applicant in assigned risk plan? Yes No
6. Does applicant own any equipment not scheduled on reverse side? _____ If yes, explain why such equipment is not being insured.

7. Does applicant transport passengers? Yes No If yes, describe operation: _____
8. What is applicant's maximum radius of operation? _____ miles.

LOSS HISTORY

PRIOR CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS

From		To		Company Name	Policy No.	Physical Damage Losses	
Mo	Yr	Mo	Yr			Number	Amount

Has insurance been cancelled or refused by any company in last 3 years? Yes No Explain _____

DRIVER INFORMATION

DRIVER'S FULL NAME	Date of Birth	Driver's License Info.		No. Yrs. Comm'l Driving	No. Yrs. Empl. By Applicant	No. of Accidents Last 3 Yrs.	No. of Minor Violations Last 3 Yrs.	No. of Major Violations Last 3 Yrs.
		State	License No.					

ADDITIONAL INFORMATION

1. Does applicant employ drivers under age 25? Yes No If yes, are all such drivers listed above? Yes No
2. Does applicant understand that coverage being applied for will exclude coverage on vehicles being operated by drivers under age 25 that are not listed above or reported to the company by subsequent written notice? Yes No
3. Are driving records checked and ordered on new drivers at or prior to employment? Yes No
4. Does applicant understand that if this application is accepted he will be required to promptly report all new drivers to the company?
 Yes No

PRODUCER

NAME AND ADDRESS OF PRODUCING AGENT/BROKER

Name _____ Agent Broker Lic. No. _____

Street _____

City _____ State _____

COMPLETE SPACES BELOW IN DETAIL FOR EACH UNIT TO BE INSURED

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Unit No.	Year Model	Trade Name	Truck, Tractor, Semi-Trailer, Full Trailer, (Indicate Gas or Diesel)	Serial Number	Maximum Gross Weight of Vehicle	Gals if Liquids Hauled Pass Capacity if Bus	Principal Location of Garaging	Maximum Radius of Operations	Date Purchased Mo Yr	New (N) Used (U)	Cost When Purchased	Present Value	Deductible		Premium
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The automobiles described above under Item Numbers corresponding to those indicated below are mortgaged as follows and loss, if any, under Comprehensive, Collision, Fire, Lightning or Transportation, Theft, or Combined Additional shall be payable to the named Insured and mortgagee named below, as their interest may appear.

ITEM NO.	NAME OF LOSS PAYEE	ADDRESS OF LOSS PAYEE

REMARKS: _____

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NOTICE TO APPLICANT

BY MY SIGNATURE I HEREBY APPLY FOR A POLICY OF INSURANCE SET FORTH ABOVE ON THE BASIS OF STATEMENTS CONTAINED HEREIN. I UNDERSTAND THAT THE INSURANCE APPLIED FOR WILL EXCLUDE COVERAGE ON VEHICLES BEING OPERATED BY DRIVERS UNDER AGE 25, THAT ARE NOT LISTED IN THIS APPLICATION OR REPORTED TO THE COMPANY BY SUBSEQUENT WRITTEN NOTICE, AND VEHICLES RENTED OR LEASED TO OTHERS WITHOUT DRIVERS. I UNDERSTAND THAT NO INSURANCE IS BOUND HEREUNDER AND AGREE THAT NO INSURANCE SHALL BE EFFECTIVE UNTIL THIS APPLICATION IS APPROVED BY THE COMPANY, OR ITS AUTHORIZED REPRESENTATIVE.

Signature of Applicant _____ Date _____

NOTICE TO PRODUCER

BY MY SIGNATURE I HEREBY DECLARE THAT ALL LIMITATIONS AND EXCLUSIONS CONTAINED IN THE INSURANCE BEING APPLIED FOR HAVE BEEN REVIEWED WITH AND EXPLAINED TO THE APPLICANT.

Signature of Producer _____ Date _____