



**Automobile Physical Damage Insurance
Commercial Vehicles Application
Lloyds of London**

Phone # 888-495-4950
Fax # 888-997-9970
P.O. Box 8010
Goldsboro, NC 27533-8010

TYPE OF OWNERSHIP OF BUSINESS: (PLEASE CHECK ONE)

- INDIVIDUAL
- PARTNERSHIP (MARRIED COUPLE)
- PARTNERSHIP (ALL OTHER)
- CORPORATION

Effective Date: From _____ to _____

Name of applicant			Producer Code:		Phone:	
DBA			Name:			
Address:			Address:			
City:			City:			
State:		Zip Code:		State:		Zip Code:

QUESTIONS OR STATEMENTS	
1. Garaging Address if other than above:	
2. Describe Business Operations:	
3. What is the Radius of Operation?	
4. Largest City entered in each state:	
5. Exact type of Cargo Hauled:	
6. Number of years in Business:	
7. With the exception of Lienholders, are all vehicles owned solely by and registered to the applicant? If no, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Name of Carrier of Liability and Property Damage Insurance:	
9. Is vehicle(s) owner driven? If drivers are employed, what are the hiring practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has Applicant had previous Fire, Theft and Collision Automobile Insurance cancelled? If yes list a) Prior Carrier: b) Reason for cancellation:	<input type="checkbox"/> Yes. <input type="checkbox"/> No
11. If more than one vehicle is covered, what is the estimated maximum possible terminal loss?	
12. Are any vehicles customized, altered, or have special equipment? Explain or attach description:	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Will any of your equipment ever be loaned or rented to others? If yes, with or without drivers? _____ If without, what driver control or safety precautions are taken? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Is equipment regularly inspected and services? If yes, at what periods:	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Driver Information

Driver #	Name	Date of Birth	Driver License Number & State	Description of violations and Accidents (Past 3 years)

16. Previous Insurance and Loss Experience

Policy Period		Insurance Carrier	Policy #	Number of Accidents	Total Amount Paid Fire	Total amount Paid Theft	Total amount Paid Collision	Any other Physical loss	Open Claims
From	To								
From	To								
From	To								
From	To								

17. Description of Vehicle: (Specify Truck, Tractor, Trailer, Semi)

Veh #	Year	Make/Model	Body Type	Loaded GVW/Seating Capacity	Vehicle Identification Number	Stated Amount	Deductible

18. Loss Payee

VEH #	NAME	ADDRESS	CITY, STATE ZIP

APPLICANT PLEASE READ

This application, being submitted through Strickland Insurance Brokers, Inc., shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

APPLICANT'S SIGNATURE

DATE

TIME

PRODUCER'S SIGNATURE
