



# Fleet Owned Physical Damage Application

800-293-9956

Agency: \_\_\_\_\_ Policy Effective Date \_\_\_\_\_

Address: \_\_\_\_\_ Quote Needed by Date: \_\_\_\_\_

Contact \_\_\_\_\_

## GENERAL INFORMATION

Insured Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Insurance/Safety Director: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ # of Years in Business \_\_\_\_\_

DOT # \_\_\_\_\_ MC # \_\_\_\_\_

Motor Carrier Name if different from Insured Name: \_\_\_\_\_

## OWNERSHIP INFO

Name	Position/Title	# of Years	% Ownership

## POLICY INFORMATION

Description of Operations: <i>(Please be detailed)</i>	
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Plant/Warehouse Locations			
Common Destination Cities/States			
Areas:	<input type="checkbox"/> East Coast	<input type="checkbox"/> Southeast	<input type="checkbox"/> Northeast
	<input type="checkbox"/> Southwest	<input type="checkbox"/> Midwest	<input type="checkbox"/> West Coast
	<input type="checkbox"/> Northwest		
Average Trip Miles		Maximum Trip Miles	
Type of Operation	<input type="checkbox"/> Flatbed Operation <input type="checkbox"/> Reefer Operation <input type="checkbox"/> Tanker Operation <input type="checkbox"/> Container Freight <input type="checkbox"/> Dry Van <input type="checkbox"/> Other:		
Commodities Hauled			
Any Hazardous, High Value, Overweight?		If yes, Describe	

## DRIVERS

Total # Drivers \_\_\_\_\_ # Clear MVRs \_\_\_\_\_ # Drivers > age 65 \_\_\_\_\_ # Drivers < age 25 \_\_\_\_\_

Minimum Experience Required \_\_\_\_\_ Minimum Age of Drivers \_\_\_\_\_

## PHYSICAL DAMAGE

**Deductible** \_\_\_\_\_ **Total Insured Values** \_\_\_\_\_ **# Power Units** \_\_\_\_\_  
**# of Trailers** \_\_\_\_\_  
**# of Service Units** \_\_\_\_\_

**Coverages**     Collision     Specified Perils     Comprehensive

**Expiring Rate** \_\_\_\_\_ **Target Rate** \_\_\_\_\_

### Physical Damage Value History

Year	TIV	# Power Units

### Physical Damage Loss History

Policy Term				Valuation Date	Carrier	# of Claims	Total Incurred	Premium	# Losses > \$10,000
From Mo.	Yr.	To Mo.	Yr.						

**Required attachments with Physical Damage coverage submission:**

- Equipment schedule with values and VINs
- 3-5 years of loss runs
- Complete driver's list
- MVRs (if the account is over 50 power units only 25 MVRs need to be sent)
- Motor carrier's driver guidelines

### ADDITIONAL UNDERWRITING QUESTIONS

Have you ever operated under a different name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?	
Do you have any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship?	
Is there a Safety/Loss Prevention Program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are Safety Meetings Held?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Often?	
Is there a Safety Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name:	
Vehicles Inspected by Drivers Pre and Post Route?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Maintenance Program in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicles Maintained and Repaired By?	<input type="checkbox"/> On Site Mechanic <input type="checkbox"/> Outside Mechanic		
What is the maximum total value (TIV) that will be stored at the same location at one time?			

Do you have documented procedures for Acceptable and Unacceptable MVRs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	
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**FRAUD WARNINGS**

**To All Prospective Insureds:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

**To Prospective Insureds in:**

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **(Note: In OK the language must appear on the face of the policy in 10 pt. font or larger).**

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**New York (Fire insurance applications):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**New York (Automobile):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

**Pennsylvania (Automobile):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date