



**COMMERCIAL AUTOMOBILE PHYSICAL DAMAGE INSURANCE  
 PROPOSAL FORM**

(ALL QUESTIONS MUST BE ANSWERED)

**1. Proposed Effective Date:**

<b>2. Name:</b>				<b>3. Address:</b>				<b>4. Address of Principal Terminal if other than address in Item 3.</b>			
<b>5. Business Is:</b> <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> Private Carrier <input type="checkbox"/> Bob-Tail Operation No. of Years in Business:						<b>6. Full names and titles of officers, owners, partners:</b>					
<b>7. No. of Years in Business:</b>						<b>8. Names of Principal Shippers:</b>					
<b>9. Operates in States of:</b>						<b>10. Principal cities:</b>					
<b>11. Radius of Operation (List no. units in each group):</b>						<b>12. Number and Pieces of equipment - Property Carriers:</b>					
<b>Vehicle Type</b>	<b>50 miles</b>	<b>200 miles</b>	<b>Over</b>	<b>Vehicle Type</b>	<b>Owned Equip.</b>	<b>Equip. Long Term Lease From Others</b>	<b>Equip. Long Term Lease To Others</b>				
Trucks				Trucks (other than dump)							
Tractors				Tractors							
Trailers				Semi-trailers							
				Full Trailers							
				Tank Semi-trailers							
				Tank Trailers							
<b>13. Name of present insurance carrier(s) and Policy No.: Auto Physical Damage:</b>						Refrigerated Trailers					
						Service Trucks					
<b>14. Are present policies being cancelled or not renewed by insurance company?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO						Private Pass. Cars					
<b>Details:</b>						Dump Trucks					
<b>15. Types of commodities transported by property carrier (Avoid term "General Merchandise". Name principal commodities):</b>											
<b>16. Do you own equipment other than that included in this submission?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Details in Remarks section if "Yes".</b>											
<b>17. Do you trailer interchange equipment with other carriers?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Details in Remarks section if "Yes".</b>											



**ROYAL OAK UNDERWRITERS, INC.**  
 Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue  
 Richmond, Virginia 23229  
 Telephone: (804) 741-7999  
 WATTS: (800) 628-2967  
 Fax: (804) 741-9401  
[www.royaloakunderwriters.com](http://www.royaloakunderwriters.com)

18. Coverage Desired: Collision  Specified Perils  Comprehensive

19. Description of Equipment

No.	Trade Name	Year Built	Type	Serial Number	ACV	Legally Owned By
1						
2						
3						
4						
5						
6						
7						

\* If more than seven (7) vehicles are to be covered, attach complete schedule of equipment listings and the required information as indicated in question above.

All Perils Deductible requested:  \$1,000  \$2,500  \$5,000

20. Loss Experience – Past Four Years

From	To	Value of total fleet	Premiums	Amount Deductible	Coll. Loss after Ded.	FTCAC Losses	Insurance Carrier

21. Driver's Full Name as it appears on License :

NAME	BIRTH DATE	STATE & DRIVER LICENSE NUMBER	YEARS OF COMM. DRIVING EXPERIENCE	EMPLOYMENT DATE

IF MORE SPACE IS NEEDED, ATTACH COMPLETE DRIVER ROSTER.



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**REMARKS:**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

**BROKER AGENT:** \_\_\_\_\_

**AGENT'S ADDRESS:** \_\_\_\_\_