

AMERICAN UNDERWRITING SERVICES, INC.
1255 Roberts Blvd Suite 102
Kennesaw, GA 30144
Telephone: (770) 874-0486 Facsimile: (770)-874-0490

COMMERCIAL AUTOMOBILE PHYSICAL DAMAGE APPLICATION

Proposed effective date: _____ Date quote needed: _____

AGENT INFORMATION

Agency: _____
Address: _____
Producer: _____ Marketing Contact: _____
Telephone: _____ Fax: _____ Email: _____

PROSPECT INFORMATION

Name of Prospect: _____ Docket #: _____
Street Address: _____
Mailing Address: _____
Telephone: _____ Fax: _____ Email: _____
Years In Business? _____ Corporation: _____ Partnership: _____ Individual: _____
Type of Carrier: Common: _____ Contract: _____ Private: _____
Description of Business Operations: _____

Commodities Hauled & Percentages: (General is not accepted)

Owner Operators:

Are owner operators used? _____ (If yes, please attach copy of contract.)

Driver Information:

Attach drivers list including owner operators. Drivers list should include driver name, date of birth, date of hire, and years of experience

Years of experience required for new hire? _____
Within the past year, number of drivers: _____
Percent of drivers employed more than: _____
Do your driver selection procedures include drug testing? _____
Do you comply with DOT hiring standards? _____

Safety Program: (Attach copy of safety & maintenance program for fleets of 25 or more power units.)

Safety Director's Name: _____ DOT Rating: _____
Number of years with applicant? _____ No. of Years in Safety? _____
Percentage of time devoted to safety? _____
Describe duties: _____

Does the applicant have a safety awards program? _____
If yes, please provide details: _____

How often are safety meetings held? _____ Is attendance mandatory? _____
If no, please explain: _____
Is there a program in place for drivers who have accidents? _____
If yes, please explain or attach copy of procedures: _____

Do you have your own emergency response plan for hazardous release and accidents? _____
If yes, please explain or attach copy of procedures: _____

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Fleet Summary			
TYPE	# of units	Max Value per unit	Total Value per type
Tractors			
Trailers			
Trucks			
Service Units			
PP Autos			
TOTALS			

Historic Fleet Information		
Policy Year	Total Insured Values	Unit Count
Current		
1st Year Prior		
2nd Year Prior		
3rd Year Prior		

Total Annual Miles: _____ **Total Annual Revenue:** _____

Terminal or Garage Exposure Per Location		
Location(s)	Average Exposure	Maximum Exposure

LOSS HISTORY AND EXPERIENCE				
Year	Paid Losses	Reserves	Total Incurred	Carrier
Current				
2002/2003				
2001/2002				
2000/2001				

PRICING	
Current rate: _____	Current deductible: _____
Requested rate: _____	Requested deductible: _____

REQUIRED UNDERWRITING INFORMATION FOR SUBMISSIONS

- _____ Current, plus three years company loss runs. Valued within 60 days of quote date.
- _____ Attach drivers list including owner operators. Drivers list should include driver name, date of birth, date of hire, and years of experience.
- _____ Motor Vehicle Reports (MVRs)
- _____ SAFER Report
- _____ Copy of owner operator contract (if applicable).
- _____ Copy of safety and maintenance program on fleets of 25 or more power units.
- _____ Application signed by agent and applicant.

IMPORTANT - READ BEFORE SIGNING

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I, the undersigned, represent that information stated in this application is true and correct and understand that the insured policy will be based on the information given in this application and other company information included in this submission.

Agent's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____