



PHYSICAL DAMAGE APPLICATION
FAX TO: ROGER J. FUYDAL
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1. Name of Applicant : _____
2. Address: _____

Number
Street
City
State
3. Address of Principal Terminal if other than above: _____
4. Radius of Operation . _____ . Miles between following principal cities: _____

5. Type of Cargo carried: _____

6. Number of Years in this business: _____
7. Vehicle(s) legally owned by _____
 Loss payable to _____
8. Name of previous Carrier _____
9. Name of Carrier of Public Liability and Property Damage Insurance _____
10. Has Applicant had previous Fire, Theft and Collision Automobile Insurance cancelled? _____ so, state
 date, name of Insurance Company and reasons for cancellation _____

11. Is Vehicle(s) Owner-Driven? _____ If Drivers are employed, what investigations are made? _____

12. If more than one Vehicle covered, what is the estimated maximum possible terminal loss? _____
13. Amount of Deductible(s) on Collision _____
14. Will you ever use hired Equipment? _____
15. Will any of your Equipment ever be loaned or rented to others? . _____

16. Do you own or use Trucks and/or Trailers other than those listed under Item 20 below? _____
 If answer is "Yes" specify vehicles and state reasons why insurance is not required _____

17. Is Equipment regularly inspected and serviced, if so, at what periods? _____

18. Board Fire rate for terminal premises **.N/A.**

19. Premiums and Losses sustained by applicant last five years:

Year	Premiums	LOSSES			
		Fire	Theft	Collision	Any other physical loss
19					
19					
19					
19					
19					

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

Item No.	Trade Name	Model Year	Type (Truck, Tractor, Trailer, Semi-Trailer, Truck Type Tractor)	Serial No.	Motor No.	Gas (G) or Diesel (D)	Original Cost New Plus Equipment, Alterations and Additions	Amount of Insurance Desired
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

CONTACT INFORMATION:

Insured Name	
Street Address	
City, State, Zip	
Phone Number	
Fax Number	
Email Address	