



U.S.A.

**Automobile Physical Damage Insurance
Commercial Vehicles
PROPOSAL FORM**

- 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?..... If so, state date, name
of Insurance Company and reason 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 reason why insurance is not required

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

 18. Board Fire rate for terminal premises
19. Premiums and losses sustained by applicant last five year:-

Year	Premiums	LOSSES			
		Fire	Theft	Collision	Any other physical Loss
20					
20					
20					
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								

This application 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 a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

SIGNED AT.....

This..... day of20

By.....

(APPLICANT)
 (APPLICANT SHOULD STATE OFFICIAL POSITION)

APPLICANT WITNESS.....

Agent.....

Location of Agency

SURPLUS DISCLAIMER STATEMENT

The undersigned insured hereby acknowledges:

- A. I understand the insurance coverage provided by this policy is written by a non-licensed insurer for the State of Alabama. I further understand that no Guaranty Fund protection exists in the event insolvency occurs to this non-licensed insurer.

- B. After understanding the advantage and disadvantages of securing insurance coverage through the non-licensed insurer, I with knowledge and consent do hereby authorize and request **Alabama Public Automobile Insurance Agency, Inc.** to place such coverage with **Lloyds of London.**

The Insured (printed)

Date

Signature

Title

Agent

Date

Remit to: **APAIA**
P.O. BOX 321215
Birmingham, AL 35232-1215
PH 205-324-0406
FAX 205-324-0598

Approved by Alabama Department of Insurance 11/10/92

**POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$_____
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date

21/12/07
LMA 9011

Form approved by Lloyd's Market Association and model agreed by the International Underwriting Association