

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