

SURPLEX UNDERWRITERS, INC.

www.surplexuw.com

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ATTN: _____ FROM: _____

SMALL FLEET PHYSICAL DAMAGE APPLICATION

Name of Applicant: _____

Address: _____

Address of principal garaging location if different than above: _____

Year's in "this" business: _____

Maximum radius operated by any vehicle: _____ miles

Type of Carrier: Common Contract Private Owner/Operator Independent

If Owner/Operator, please provide name and address of Lessee _____

Do you trip lease? Yes No If yes, short term or long-term

Please list specific commodities hauled and percentages of each: _____

Are ANY hazardous commodities hauled: Yes No

Are there any Over-Size or Over-Weight Loads? Yes No

Has this type of coverage been non-renewed or cancelled in the last three years? Yes No

If yes, please explain _____

COVERAGE INFORMATION

Physical Damage Coverage and Limits: (Minimum \$1,000 Deductible)

Specified Perils/Comp _____ Deductible

Collision _____ Deductible

Trailer Interchange _____ Limit(\$) _____ Deductible _____ # Days _____ # Trailers

