



**AUTOMOBILE PHYSICAL DAMAGE INSURANCE
PRIVATE PASSENGER CARS (U.S.A.)
PROPOSAL FORM**

For insurance to be accepted every question must be fully answered.

1. Name of Applicant: _____ How long licensed? _____
Address: _____
Age: _____ Marital Status: _____ Occupation: _____
2. Names of other drivers:
 1. Name: _____ How long licensed? _____
Address: _____
Age: _____ Marital Status: _____ Occupation: _____
 2. Name: _____ How long licensed? _____
Address: _____
Age: _____ Marital Status: _____ Occupation: _____
3. Give full details of any traffic violations you have been charged with in the past 3 years.
Applicant: _____
Other Drivers: 1. _____
2. _____
4. Give full details of losses sustained during past 3 years.
Applicant: _____
Other Drivers: 1. _____
2. _____
5. Do you:
 - (a) drink to excess?

(b) use narcotics?

(c) engage in automobile racing of any kind?

(d) engage in rallies?

6. Has your insurance ever been declined or cancelled? If so, state Insurance Company and reason:

7. Is the Applicant an assigned risk?

8. Does the driver, or any other person, likely to drive the car suffer from any physical impairment?
If so, give details:

9. Description of Vehicle:

TRADE NAME	MODEL	YEAR	BODY TYPE	SERIAL NO.	MOTOR NO.
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Item 1.

2.

ORIGINAL COST NEW	ACTUAL VALUE	State Name and Address of Lienholder or Mortgagor, if any.
Item 1.		
2.		

10. Tick Coverage and Deductible required:	COMPREHENSIVE		COLLISION		
	\$50 Ded.	\$100 Ded.	\$100 Ded.	\$250 Ded.	\$500 Ded.
Item 1.					
Item 2.					

11. State the purpose for which Automobile will be used:

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 the 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

