

**Surplus  
Insurance  
Brokers  
Agency Inc**



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P O Box 749, South Bend IN 46624-0749

**LLOYDS OF LONDON**  
***AUTOMOBILE PHYSICAL DAMAGE INSURANCE***  
**COMMERCIAL VEHICLES**

1. Name of applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Garaging address: \_\_\_\_\_
4. Radius of operation: \_\_\_\_\_
5. Type of Cargo carried: \_\_\_\_\_
6. Number of Years in business: \_\_\_\_\_
7. Vehicle(s) legally owned by: \_\_\_\_\_  
Loss payable to: \_\_\_\_\_
8. Name of previous carrier: \_\_\_\_\_
9. Name of Carrier of Public Liability & Property Damage Insurance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Has Applicant had previous Fire, Theft & Collision Automobile Insurance cancelled? \_\_\_\_\_  
If so, state date, name of Insurance Company & 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 yes, specify vehicles & state reasons why insurance is not required: \_\_\_\_\_  
\_\_\_\_\_

