

TRUCK APPLICATION SUPPLEMENT



APPLICANT NAME: _____ **DATE:** _____

VEHICLE INFORMATION

SCHEDULE OF EQUIPMENT OPERATED							
Provide schedule of equipment to include: Make, Model, Year, Type, Complete VIN Number, GVW, Garaging Location, Stated Amount and Radius of Operation.							
Type	Owned	Leased w/o Drivers	Owner Operators	Local (0-100)	Inter. (101-300)	Long Haul (Over 301)	TOTAL UNITS
Light Trucks							
Medium Trucks							
Heavy Trucks							
Extra Heavy Truck / Tractors							
Semi-Trailers							
Dump Trucks							
Dump Trailers							
Other							

DESCRIPTION OF VEHICLES (Semi-trailers must be scheduled for coverage to apply while detached from power unit.)							
Unit No.	Model Year	Manufacturer	Vehicle Type (truck, tractor, semi-trailer, mobile equipment, etc.)	Serial Number (17 digit)	Radius	Truck GVW Tractor GCW	Owner Type *
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

* N=Owned by Named Insured; L=Owned by Leasing Co. (long term lease without driver); O=Owned by Owner Operator; E=Owned by Employee of Named Insured (Officer).

Unit No.	Phy. Dam. Limit*	SCL Comp / Coll Deductible	Name of Loss Payee	Full Address of Loss Payee
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

* Fill in the limit next to each vehicle if coverage is desired.

USE WITH: CTP 5037 and CTP 5307

CTP 5725 (03/10)

