





49. Please provide the actual number (#) of units in each weight category and radius groups:

A. WEIGHT

B. RADIUS

_____ # of medium (12,500 - 20,000 lbs. GVW)

_____ # of Local (50 mi or less)

_____ # of heavy (20,001 - 45,000 lbs. GVW)

_____ # of Intermediate (51-300 mi)

_____ # of extra heavy (over 45,000 lbs. GVW)

_____ # of Long haul (over 300 mi)

50. Are any trucks leased to customers that will used to haul gasoline, diesel, hazardous materials, or other flammable materials?

Yes No

If yes, please provide details (# of customers, # of autos, liability limits required, materials hauled).

51. What types of cargo are hauled by your five (5) largest lease clients?

52. What are the minimum limits of liability required from all truck lessees?

COVERAGE REQUESTED

Contingent Liability

Contingent Excess Liability: Limit: _____

Contingent Physical Damage: Limit per vehicle: _____

Interim Car Coverage

INTERIM – complete only if interim car coverage is requested

53. Do any of the entities listed on this application have a Garage Liability policy in force? Yes No

If yes, who is the carrier and expiration date: _____

54. How many lease repossessions do you anticipate over the next 12 months? _____

55. How is vehicle disposal handled at lease termination? _____

56. Do you store vehicles on your premises? Yes No

If yes, list all locations where vehicles are stored: _____

57. Are the vehicles driven by employees? Yes No

If yes, for what reasons? _____

58. Do you have any employees under 21 years of age? Yes No

59. Does anyone drive off-lease vehicles for personal use? Yes No

60. Do you retail used cars or off-lease cars from your premises? Yes No

61. What is the average # of days a vehicle would be held prior to disposal? _____ Maximum # of days? _____

62. How many dealer plates do you own? _____

63. Are any off-lease vehicles used as business vehicles until disposal? Yes No



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ATTACHMENTS

Please include the following with this application:

- A. Copy of all current lease agreements (front & back) and all addendums
- B. Three (3) Years, Hard Copy loss runs valued within the past two (2) months

HAVE YOU OR A COMPANY YOU HAVE OWNED EVER FILED FOR BANKRUPTCY?

Yes No If yes, please explain circumstances:

This application may not be used to bind coverage and no coverage commences: Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. Coverage will commence only upon the effective date of a separate contract binding insurance coverage issued by an agent authorized by the company.

Applicant's Statement: I hereby declare that the statements made in this application and the contents of the other documents supplied are true and correct and agree that any policy of insurance that may be issued now or in the future will be based on the warranties and representations contained therein.

Applicant Signature: _____ Date: _____

Applicant Name (please print): _____

Applicant Title: _____

Producer Signature: _____ Date: _____