



POWER UNIT SCHEDULE:

**YEAR**            **MODEL**            **VEHICLE IDENTIFICATION NUMBER**

1)

2)

3)

Please attach schedule if more than three power units to be insured.

NON TRUCKING LIABILITY LOSS HISTORY PAST THREE YEARS:

NONE            (        )

LOSSES        (        ) If losses please provide full details including circumstances of  
the loss(es)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_