

TRUCK APPLICATION SUPPLEMENT

PHYSICAL DAMAGE (Attach Driver/Vehicle Supplement if necessary)

Unit No.	Purchased New/Used	Date Purchased	Cost When Purchased	Limit of Insurance (Actual Cash Value)*	Coverages Desired	
					Collision Deductible	**Specified Causes of Loss/Comp Deductible
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

* Original cost new for private passenger vehicles

** or Specified Perils

LOSS PAYEE INFORMATION

Unit No.	Loss Payee Name	Loss Payee Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

USE WITH: CTP 5037 (09/06) and CTP 5307 (09/06)