



**Automobile Physical Damage Insurance
Private Passenger Vehicles Application
Lloyds of London**

Phone # 888-495-4950
Fax # 888-997-9970
P.O. Box 8010
Goldsboro, NC 27533-8010

TYPE OF OWNERSHIP : (PLEASE CHECK ONE)

- INDIVIDUAL
 PARTNERSHIP (MARRIED COUPLE)

Effective Date: From _____ to _____		Producer Code:		Phone:	
Name of applicant:		Name:			
Address:		Address:			
City:		City:			
State:		Zip Code:		State:	

QUESTIONS OR STATEMENTS	
1. Garaging Address if other than above:	
2. What is the regular Radius of Operation?	
3. Use of the vehicle :	
4. Has applicant had previous private passenger insurance that has been cancelled? If yes, please provide detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are any protective appliances installed on the vehicle? If yes please provide detail	
6. Is there any special Equipment permanently installed on the vehicle? If yes please provide detail: Value of the Equipment included in stated amount	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the vehicle been altered, modified or changed in any way? If yes, give detail	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is primary Insured currently Employed? Occupation :	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Driver Information

Name	Date of Birth	Occupation	Marital Status	Driver License Number & State	Description of violations and Accidents (Past 3 years)	Years Driving

10. Description of Vehicle:

Veh#	Year	Make	Model	Vehicle Identification Number	Stated Amount	Deductible	Sports Car	Four Wheel Drive
							<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No
							<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No
							<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No
							<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No
							<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No

11. Loss Payee

Veh#	Name	Address	City, State, Zip

12. Previous Insurance and Loss Experience:

Policy Period	Insurance Carrier	Policy #	Number of Accidents	Total amount Paid Fire	Total amount Paid Theft	Total amount Paid Collision	Any other Physical loss	Open Claims
From To								
From To								
From To								

13. Car Valuation

	Unit # 1	Unit # 2	Unit # 3	Unit # 4	Unit # 5
Year					
Make					
Mileage					
Transmission					
Air Conditioning	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No
Vinyl Top	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No
Power Breaks	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No
Power Steering	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No
Tinted Glass	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="checkbox"/> Yes. <input type="checkbox"/> No
Type Wheels					
Type Radio					
Other Equipment					
Dealers Quote Cash Price					
Dealers Name and Address: Quotation Made by:					

APPLICANT PLEASE READ

This application, being submitted through Strickland Insurance Brokers, Inc., shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as the same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

APPLICANT'S SIGNATURE

DATE

TIME

PRODUCER'S SIGNATURE
