



**SHORT-TERM LIABILITY & PHYSICAL DAMAGE APPLICATION**

Coverage (Choose One):  72 Hour Coverage       30 Day Coverage

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Coverages: Liability: \$60,000 combined single limit bodily injury and property damage  
 Physical Damage: ACV not to exceed \$100,000 (less \$1000 deductible)

| Driver Description |                   |     |       |                                    |  |
|--------------------|-------------------|-----|-------|------------------------------------|--|
| Name               | D.O.B<br>mm/dd/yy | DL# | State | Year<br>Commercial<br>Driving Exp. | Any<br>Violations/Accidents?                             |
|                    |                   |     |       |                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                    |                   |     |       |                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                    |                   |     |       |                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Vehicle Description |      |           |     |       |
|---------------------|------|-----------|-----|-------|
| Year                | Make | Model/GVW | VIN | Value |
|                     |      |           |     | \$    |
|                     |      |           |     | \$    |
|                     |      |           |     | \$    |

| Lienholder Information |         |      |       |             |              |
|------------------------|---------|------|-------|-------------|--------------|
| Name                   | Address | City | State | Zip<br>Code | Phone Number |
|                        |         |      |       |             |              |
|                        |         |      |       |             |              |
|                        |         |      |       |             |              |

Total Premium: \$ \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: Northwoods Insurance

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: Pam Bridge E-mail: Agent@northwoodsins.com

Address: 111 East Main Street

City: Delphi State: IN Zip Code: 46923

Phone Number: 800-655-0230 Fax Number: 765-564-2709