



Submit to: **National Advantage Insurance Services**
 CA License No. 0821992
 Phone: 714-505-1015
 Fax: 714-505-1025

In addition to this Supplemental Application, please submit the following information:

1. ACORD 125 & ACORD 130
2. 4 TO 5 YEARS OF PRIOR CARRIER LOSS INFORMATION VALUED WITHIN THE PAST TWO MONTHS
3. RECENT FINANCIAL STATEMENT THAT INCLUDES THE BALANCE SHEET & INCOME STATEMENT

Insured's Name: _____

Description of Operations: _____

List any additional Named Insured's with a complete description of operations: _____

List Commodities Hauled & %: _____

Do you haul noxious, caustic, toxic, flammable or explosive commodities? _____ If yes, explain _____

Do the insured / drivers do any Loading or Unloading? _____ If yes, please explain. _____
 What percentage? _____

Are Lumpers used? _____

Do you utilize owner operators / independent contractors / subcontractors? _____ If yes, How many? _____

How are the owner operators / independent contractors / subcontractors covered for Workers' Compensation?
(Please give detailed explanation on type of Workers' Comp. Policy & Coverage)

**Please note Occupational Accident is not Workers' Compensation Coverage.

Historical Payroll for the last (5) five years:

Year: _____	\$: _____	Year: _____	\$: _____
Year: _____	\$: _____	Year: _____	\$: _____
Year: _____	\$: _____		

The below section must be signed & dated:

Agent's Signature: _____ Date: _____

Agency Name: _____