National Advantage Insurance Services, Inc.

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CA License No. 0821992

Lloyd's - Truckers General Liability Application (01/17)

☐ Quote ☐ NEW ☐ RENEWAL of Certificate/Policy No. [ ]

DOT#: _____ MC# or DMV/CA# _____ Website _____

1. **Name of Applicant**: _____
2. **DBA**: _____ 3. ☐ Individual, ☐ Partnership, ☐ Corporation
4. **Desired Effective Date:** From _____ To _____ 5. **Number of years in this business** _____
6. **Mailing address**: _____
7. **Location Address** *(Please submit a Schedule of Locations, if more than one.)*

_____

8. **Liability Limits**: ☐ $300,000/$300,000 ☐ $500,000/$500,000 ☐ $1,000,000/$1,000,000 ☐ $1,000,000/$2,000,000
9. **Is Terrorism Risk, per Act desired**? ☐ No ☐ Yes Please submit LMA9104 form with application when requesting binding.
10. **Description of Operations** _____
11. **Commodities Hauled**: _____
12. **Do they transport or are** : Drilling Rigs Hauler; Hazardous Chemicals, Materials, and/or Waste Transporter; Hot Shot (Emergency) Delivery; House Mover; Household Goods Mover; Installation, Service and/or Repair of Appliances and/or Equipment; Livestock Operations; Mobile Home, Ready Mix Operations; Sand & gravel, Autos, Taxicab Company; Tow Trucks or Truck Brokers?
    ☐ **No** ☐ **Yes**
13. **Do they deliver Furniture?** ☐ No ☐ Yes
14. **Do they deliver, install, or set up any Home Appliances?** ☐ No ☐ Yes if yes please explain _____
15. **Maximum Radius Of Operation** _____ **Do they operate outside the USA**? ☐ No ☐ Yes
16. **Number of years of Trucking Experience?** _____
17. **Is Automobile Liability carried on all of the vehicles?** ☐ No ☐ Yes **Carrier** _____
18. **Do they operate as a Freight Forwarder or Truck Broker?** ☐ No ☐ Yes
19. **Is there a Storage Warehouse to be covered?** ☐ No ☐ Yes If yes, please submit on full ACORD Application.
20. **Is applicant a subsidiary of another entity?** ☐ No ☐ Yes Does applicant have any subsidiaries? ☐ No ☐ Yes
21. **Has prior coverage been cancelled or non-renewed?** ☐ No ☐ Yes If yes, reason: _____
22. Rating Information: **Number of Power Units** _____ Number of Active Owners _____
    Non-Driver Annual Payroll, Excluding Owners $ _____
    Number of Additional Insured's to be named _____
    Do they Haul for the any of the ports ☐ No ☐ Yes: ☐ Port of Long Beach or/and ☐ Port OF Los Angeles or/and ☐ UIIA
23. Additional Insured(s)

Name	**Address**

24. **Year**	**Prior General Liability Carriers**	**&**	**Loss Experience, last three years, with description of Claim:**

Premium $ _____ Taxes $ _____ Fully Earned NAIS Broker Fee $ _____ Total $ _____

25% of the Premium and Taxes plus 100% of the Broker Fee is Fully Earned. There are No Flat Cancellations.

Note: Assault and Battery and Mold are **excluded.**

Financed with? _____

Applicant Signature:_____ Date:_____

Broker Signature:_____ Date:_____

Broker Name & Address: _____