

**National Advantage  
Insurance Services, Inc.**

Tel: (714) 5051015  
Fax: (714) 505-1025  
CA License No. 0821992

**Truckers General Liability Application (10/17)**

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. **Number of Units** \_\_\_\_\_ Payroll of Terminal Employees (Excluding driver payroll) \_\_\_\_\_

Owned \_\_\_\_\_

Leased \_\_\_\_\_

Owner Operated \_\_\_\_\_

**13. Listed Units**

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

14. **Do they transport any of the following:** 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

15. **Is Automobile Liability carried on all of the vehicles?**  No  Yes **Carrier** \_\_\_\_\_

16. **Has prior coverage been cancelled or non-renewed?**  No  Yes If yes, reason: \_\_\_\_\_

17. **Do they operate as a Freight Forwarder or Truck Broker?**  No  Yes

18. **Maximum Radius Of Operation** \_\_\_\_\_

19. **Do they operate outside the USA?**  No  Yes

20. **Is applicant a subsidiary of another entity?**  No  Yes

21. **Does applicant have any subsidiaries?**  No  Yes

22. **Is there a Storage Warehouse to be covered?**  No  Yes If yes, please submit on full ACORD Application.

23. **Has your business location ever incurred any fire or safety code violations?**  No  Yes  
(if yes, please provide details) \_\_\_\_\_

24. **Are there any animals on, or patrolling your business location?**  No  Yes  
(if yes, please provide details) \_\_\_\_\_

**PLEASE NOTE: There is an Animal Exclusion on this policy.**

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25. Do you employ security guards?  No  Yes If yes, are they armed?  No  Yes (please provide details)

**PLEASE NOTE: A Firearm Exclusion and Assault Battery Exclusion may apply.**

26. Do you have any fuel storage and/or underground tanks at your business location?  No  Yes  
(If yes, please provide details regarding the type of fuels stored.  
Attach a certificate of insurance confirming Environmental Impairment Coverage)

**PLEASE NOTE: There is a Total Pollution Exclusion on this policy.**

27. Is the location fenced in and lit?  No  Yes (Please provide details)

28. Is the location secured when not in use?  No  Yes

29. Do they deliver Furniture?  No  Yes

30. Do they deliver, install, or set up any Home Appliances?  No  Yes if yes please explain \_\_\_\_\_

31. 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

32. Additional Insured(s)

Name	Address

31. 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.*

Financed with? \_\_\_\_\_

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.**

**I/we hereby declare that the statements and particulars given on this form are true to the best of my/our knowledge and belief and that I/we have not suppressed, withheld or modified any material facts. I/we agree that should a policy be issued, this form will be the basis of the contract, and that any change in the pattern of my/our business or business practices shall be advised to the Company which may at its discretion, alter the terms and conditions of the contract.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Name & Address: \_\_\_\_\_