

TRUCKERS / WAREHOUSE SUPPLEMENT
(Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

- 1) Are you a: Common Contract Carrier Independent
If contract, who do you haul for? _____
- 2) Age of drivers: Minimum _____ Maximum _____
- 3) Are motor vehicle records checked prior to hiring drivers? Yes No
- 4) Number of vehicles: Owned _____ Not owned, operating on your behalf _____
- 5) Number of double trailers? _____
- 6) Is there an established equipment maintenance program? Yes No
- 7) Is there a formal safety program in place? Yes No
- 8) Radius of operation (in miles): _____
- 9) States in which you operate: _____
- 10) Any oversize/wide-load permits required? Yes No
If yes, please explain: _____
- 11) Do you have an ICC or PUC filing outstanding? Yes No
- 12) Can applicant provide evidence of insurance for cargo and auto coverage? Yes No
- 13) Commodities hauled:
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Gasoline | <input type="checkbox"/> LPG | <input type="checkbox"/> Timber/Logs |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Heavy/Oversized Loads | <input type="checkbox"/> Medical Waste | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Flammable Materials | <input type="checkbox"/> Household Furniture | <input type="checkbox"/> Mobile Homes/Homes | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Garbage/Rubbish | <input type="checkbox"/> Liquor | <input type="checkbox"/> Steel/Coal | <input type="checkbox"/> Toxic/Hazardous Waste |
| <input type="checkbox"/> Other (describe): _____ | | | |
- 14) Other operations:
- Own or operate a landfill? Yes No
- Crane or towing service? Yes No
- Is a forklift or similar equipment piggybacked for loading and unloading? Yes No
- Own or operate an underground fuel tank? Yes No
- Use aircraft? Yes No
- Product assembly or installation? Yes No
- If yes, please describe: _____
- Warehousing? Yes No
- If yes, location: _____ Area: _____ sq. ft.
- Other (describe): _____

- 15) Do you subcontract any operations? Yes No
 If yes, description of operations subcontracted: _____
 Annual cost of subcontracting: \$ _____
 Is evidence of insurance obtained? Yes No
 Are you included as an additional insured? Yes No
- 16) Are there security systems for the warehouses? Yes No
 Are security guards provided? Yes No
 If yes, are they armed? Yes No

Information for:	Auto Liability	Motor Truck Cargo
Policy Number		
Insurance Carrier		
Limits of Liability		
Expiration Date		

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____