



TRUCKERS SUPPLEMENTAL APPLICATION

- 1) Full name of applicant: _____
- 2) Years in business: _____ Years of experience: _____
- 3) Expected annual receipts from all operations: _____
- 4) Number of owners, officers or partners: _____ # of Power units: _____ Annual terminal/clerical payroll: _____
- 5) Types of cargo hauled: _____

- 6) Are owner operators or leased trucks used? Yes No
 If yes, projected # of owner ops or leased trucks used? _____

a) Are owner operators or leased trucks required to carry Commercial General Liability coverage?	Yes	No
b) Are limits of liability at least \$1,000,000/\$2,000,000?	Yes	No
c) Do you require that you are named as an Additional Insured under each owner operator or leased truck commercial general liability coverage?	Yes	No
d) Do you require by written contract that the additional insured requirements in 6.c. include that the owner operator or leased truck Commercial General Liability coverage is primary to and non-contributory with your coverage?	Yes	No
e) Do you require by written contract that each owner operator or leased truck include waivers of subrogation in your favor in their Commercial General Liability policies?	Yes	No
f) Do you require by written contract that each owner operator or leased truck include waivers of subrogation in your favor in their Workers' Compensation policies?	Yes	No
g) Projected # of owner operator units you lease for any operation that do not carry coverage(s) or limit(s) per items 6.a., 6.b., or 6.c. above _____		
- 7) Will you or have you signed any MSA agreements or insured contracts? Yes No
 (if so please attach a copy for our review)

a) How many contracts do you propose for the year _____		
b) How many certificates were issued in the last 12 months: _____		
- 8) Will you be or are any required to name any entities as an Additional Insured or Waiver of Subrogation by written contract? Yes No
- 9) Please indicate who will be named as an Additional Insured and Waiver of Subrogation along with a description of your relationship to each entity.

10) Does insured have any of the following exposures, operations, or services? (Please answer all)

	Yes	No	Percent
a. Aerospace, aviation or satellite related transport.			
b. Ambulance or non-emergency transport services to include special trips and outings (i.e. senior citizens or handicapped persons to work, rehab, daycare, shopping, social activities, etc.)			
c. Ammonium nitrates, ammunition, blasting materials, explosives, firearms, fireworks, munitions			
d. Asbestos, asphalt if heated during transport, caustic materials, contaminated soil, exterminators, hazardous materials or waste, medical waste, PCB's.			
e. Auto repossessioners, driveway contractors, fast food delivery, towing, wrecker services			
f. Hauling or transporting buildings of any type (residential or commercial), mobile homes, modular homes.			
g. Chemicals, fertilizers, herbicides, pesticides			
h. Coal, fuel, butane, gasoline, LPG, oil, petrochemicals, propane, refinery products, saltwater or brine water (including any related disposal ops)			
i. Leasing of employees to others, leasing or renting of vehicles to others			
j. Logs			
k. Mining or quarry operations or ownership			
l. Over-size permits or over-wide permits required			
m. Any pickup or delivery to oilfield lease sites			
n. Transport of general public (i.e. buses, limos, school buses, shuttles, taxis, van services).			
o. Does insured load, unload, erect, install or perform any service work			

If yes to any of the above please explain _____

11) Please list all permits/licenses held by applicant: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED AS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicants signature _____ Date _____

Producers signature _____ Date _____