

TRUCKERS GENERAL LIABILITY APPLICATION

APPLICANT'S NAME:	
Individual	Corporation
LLC	Partnership
Applicant's Phone:	Applicant's Fax:
MAILING ADDRESS:	
County:	

Location	Address	City	State	Zip Code	Location Payroll
					\$
					\$
					\$

1. DESCRIPTION OF OPERATION
a) Types of Commodities Hauled:
b) Number of Power Units Operated:
c) Do you operate a freight brokerage: Yes No
If yes, provide the previous years Gross Revenues: \$
Projected Gross Revenues: \$
d) If operation is WATER TRUCK, are ALL water trucks licensed for road use and insured for Auto Liability: Yes No If NO explain:

2. WHAT IS THE APPLICANT'S INTEREST IN THE ABOVE ADDRESS?					
Owner	Tenant	Lessor	Is this your residence?	Yes	No

3. WHAT IS THE APPROXIMATE SQUARE FOOTAGE:			
Office:	sqft	Warehouse/Terminal:	sqft
Repair Shop:	sqft	Open Parking/Yard:	sqft

4. DOES THE APPLICANT OWN OR LEASE ANY OTHER PROPERTY (IES) NOT LISTED ABOVE?		
Yes	No	If yes, list address:

5. WHAT IS THE APPLICANT'S INTEREST IN ABOVE PROPERTY?					
Owner	Tenant	Lessor	Is this your residence?	Yes	No

6. DOES APPLICANT PERFORM ANY REPAIR WORK ON ANY VEHICLES?		
Yes	No	If yes, please explain:

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7. DOES APPLICANT OWN OR OPERATE ANY MOBILE EQUIPMENT:			
Yes	No	If yes, what kind:	
ANY FORKLIFTS?	Yes	No	Gross Weight Capacity: lbs

9. DOES APPLICANT STORE ANY GOODS OF OTHERS?	
Yes	No
If yes to above, what are the estimated annual storage revenues \$ and maximum values at risk \$	

10. LIST ANY ADDITIONAL INSURED REQUIREMENTS:	
Name	
Address:	
City, State, Zip Code	
Name	
Address:	
City, State, Zip Code	
Name	
Address:	
City, State, Zip Code	
BLANKET ADDITIONAL INSURED REQUIREMENT Yes	

10. LIST ANY WAIVER OF SUBROGATION REQUIREMENTS:	
Name	
Address:	
City, State, Zip Code	
Name	
Address:	
City, State, Zip Code	

12. LOSS EXPERIENCE WHETHER INSURED OR NOT, FOR THE PAST 5 YEARS ON ALL RISKS, BROAD FORM BASIS:			
YEAR	PAID	OUTSTANDING	WHAT HAPPENED?
2019			
2018			
2017			
2016			
2015			

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13. ADDITIONAL QUESTIONS		
1. Are functioning and operational fire extinguishers readily available?	Yes	No
2. Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years? If yes, Details:	Yes	No
3. Any past pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the application individually within the past five years?	Yes	No
4. Does the applicant own or operate any other business?	Yes	No
5. Does the applicant handle any infectious waste or hazardous material?	Yes	No
6. Does the applicant have any operations involving rigging work or the use of cranes?	Yes	No
7. Does the applicant/named insured provide ambulance services?	Yes	No
8. Does the applicant/named insured provide armored car services?	Yes	No
9. Does the applicant/named insured transport people?	Yes	No
10. Does the applicant rent or loan equipment or tools to others (including vehicles)?	Yes	No
11. Does the applicant perform any operations other than for hire hauling and repair or maintenance of their own vehicles?	Yes	No
12. Does the applicant have any appliances delivery or installation service?	Yes	No
13. Does the applicant perform any residential or commercial moving operations?	Yes	No
14. Does the applicant perform any residential or commercial moving operations?	Yes	No
15. Does the applicant perform any hauling of mix-in-transit, hot mix, bulk sealant or bulk dry cement?	Yes	No
16. Does the applicant have any ownership in any mines, quarries or pits?	Yes	No
17. Does the applicant warehouse goods of others?	Yes	No
18. Other than to dealerships or auctions, does the applicant have any towing operations including flatbed towing?	Yes	No
19. Does the applicant provide any ice/snow treatment or removal services?	Yes	No
20. Does the applicant perform any street cleaning or debris removal operations?	Yes	No
21. Is the applicant an ice cream or food truck?	Yes	No
22. Is the applicant operating as a freight forwarder?	Yes	No

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This application shall not be binding unless and until a policy is issued and payment made and then only as of the inception date of said policy and in accordance with all terms hereof, and the said Applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured. Insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the Insurance, and a warranty on the part of the insured.

DECLARATION: I/We declare that the statements given on this form are true to the best of my/our knowledge and belief and that I/We agree that if a policy is issued, this form shall be the basis of the contract and that any change of my/our trade or trade practices shall be advised to underwriters who may at their discretion vary the terms and conditions of the contract. All statements on this application will become warranties to the policy.

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

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the applicant in any respect.

Applicant Signature

Date

Producer's Name:

Address:

Proposed Effective Date: