



TRUCKERS/WAREHOUSE SUPPLEMENTAL APPLICATION

(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Are you a: Common Contract Carrier
If contract, who do you haul for? _____

Age of drivers: Minimum _____ Maximum _____

Are motor vehicle records checked prior to hiring drivers? Yes No

Number of vehicles: Owned _____ Not owned, operating on your behalf _____

Number of double trailers? _____

Is there an established equipment maintenance program? Yes No

Is there a formal safety program in place? Yes No

Radius of operation (in miles): _____

States in which you operate: _____

Any oversize/overwide permits required? Yes No

If yes, please explain: _____

Do you have an ICC or PUC filing outstanding? Yes No

Can applicant provide evidence of insurance for cargo and auto coverages? Yes No

Commodities hauled:

Chemicals Explosives Flammable Materials Timber/Logs

Gasoline/Oil LPG Medical Waste Steel/Coal

Toxic/Hazardous Waste Tires Household Furniture Tobacco

Garbage/Rubish Heavy/Oversized Loads Mobile Homes/Homes Liquor

Other (describe): _____

Other operations:

Own or operate a landfill? Yes No

Crane or towing service? Yes No

Own or operate an underground fuel tank? Yes No

Use aircraft? Yes No

Product assembly/installation? Yes No

If yes, please describe: _____

Warehousing? Yes No

If yes, location: _____ Area: _____ sq. ft.

Other (describe): _____



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
 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 | | |

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date

(Applicable in the state of Florida only.)

Agent Name

Agent License Number