

**Truckers Program Supplemental Application**  
(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

**1. List all offices, terminals, warehouses, garage locations or other premises you own or lease:**

Loc No.	Complete Address	Describe Function of Location	Payroll	Owned (Check if applicable)	Leased (% of Bldg leased)
1			\$	<input type="checkbox"/>	%
2			\$	<input type="checkbox"/>	%
3			\$	<input type="checkbox"/>	%
4			\$	<input type="checkbox"/>	%
5			\$	<input type="checkbox"/>	%

**2. Provide the following information for all locations:**

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
<b>Fenced</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Guard Dogs</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lighted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Public Access</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Security Guards</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Radius of operation (in miles):</b>					
<b>States in which you operate:</b>					
<b>Any fuel storage and/or underground tanks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please indicate location number and provide details:

- a. Type of fuels stored: \_\_\_\_\_
- b. Is fuel for private use or sold to others? \_\_\_\_\_
- c. If sold to others, number of gallons sold annually: \_\_\_\_\_

3. **Type of carrier:**  Common Carrier  Contract Carrier  
 If contract, who do you haul for? \_\_\_\_\_  
 \_\_\_\_\_
4. **Number of vehicles:** Owned: \_\_\_\_\_ Not owned but operated on your behalf: \_\_\_\_\_  
 Are all vehicles licensed? .....  Yes  No  
 If no, explain: \_\_\_\_\_
5. **Any oversize/overwide permits required?**.....  Yes  No  
 If yes, please explain: \_\_\_\_\_
6. **Is there an established equipment maintenance program?** .....  Yes  No
7. **Are you doing any of the following?**  
 Bicycle Messenger Services  
 Courier: If so, what do you deliver? \_\_\_\_\_  
 Crane Services  
 House Moving  
 Ice Cream Trucks  
 Public Livery  
 Sandwich/Catering Trucks  
 Tow Trucks  
 Truck Brokering
8. **Do you operate any mobile equipment, such as a backhoe, bobcat, bulldozer or forklift?** .....  Yes  No  
 If yes, please specify equipment operated: \_\_\_\_\_  
 \_\_\_\_\_
9. **Commodities hauled:**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Chemicals                    | <input type="checkbox"/> Garbage/Rubbish (residential) | <input type="checkbox"/> Medical Waste         |
| <input type="checkbox"/> Coal                         | <input type="checkbox"/> Heavy/Oversized Loads         | <input type="checkbox"/> Mobile Homes          |
| <input type="checkbox"/> Explosives                   | <input type="checkbox"/> Household Furniture           | <input type="checkbox"/> Oil Field Equipment   |
| <input type="checkbox"/> Flammable Materials          | <input type="checkbox"/> Liquor                        | <input type="checkbox"/> Tires                 |
| <input type="checkbox"/> Fuel/Oil                     | <input type="checkbox"/> Logging & Lumbering Products  | <input type="checkbox"/> Tobacco               |
| <input type="checkbox"/> Garbage/Rubbish (commercial) | <input type="checkbox"/> LPG                           | <input type="checkbox"/> Toxic/Hazardous Waste |
| <input type="checkbox"/> Other; describe: _____       |  |  |
10. **Do you do any rigging?** .....  Yes  No  
 If yes, please provide receipts, type of equipment, and describe the types of jobs performed: \_\_\_\_\_  
 \_\_\_\_\_
11. **Other operations:**
- Own or operate a landfill or dump? .....  Yes  No  
 Use aircraft? .....  Yes  No  
 Product assembly/installation? .....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
- Storage lots for non-owned vehicles/equipment? .....  Yes  No  
 Repossession operations? .....  Yes  No  
 Other; describe: \_\_\_\_\_  
 \_\_\_\_\_

**12. 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  
 Minimum limits subcontractors are required to carry: \$ \_\_\_\_\_

**13. Other Insurance Information:**

	Auto Liability	Motor Truck Cargo
<b>Policy Number</b>		
<b>Insurance Carrier</b>		
<b>Limits of Liability</b>		
<b>Expiration Date</b>		

**14. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

**15. Does applicant have other business ventures for which coverage is not requested?** .....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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 such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**FRAUD WARNING (Applicable in Tennessee, Virginia and Washington):** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S ADDRESS: \_\_\_\_\_

PRODUCER'S LICENSE NUMBER: \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.