**FOR HIRE TRUCKERS GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

**(Complete in addition to For-Hire Truckers Application)**

Applicant’s Name:       Policy Number:

**PROPOSED EFFECTIVE DATE: From:**       **To:**       **12:01 A.M., Standard Time at the addressof the Applicant**

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)**

**LIMITS**

General Aggregate $      Each Occurrence $

Products-Completed Operations Aggregate $      Damage to Premises Rented to You $

Personal and Advertising Injury $      Medical Expense (any one person) $

**EMPLOYERS LIABILITY (STOP GAP) COVERAGE (Applicable in ND, OH, WA and WY only)**

[ ]  Yes [ ]  No Limits: Bodily Injury by Accident each Accident $

Bodily Injury by Disease each Employee $

Bodily Injury by Disease per Policy $

W.C. Carrier:       W.C. Policy No.:       W.C. Effective Date:

**EMPLOYEE AND PAYROLL INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **Total Number** | **Payroll** |
| **1.** Executive Officers |       |       |
| **2.** Individual insureds and co-partners |       |       |
| **3.** Outside sales, mechanics, yard employees, terminal employees, dispatcher and other miscellaneous payroll excluding clerical, inside sales, and drivers (unless categorized above) |       |       |
| **4.** TOTAL Actual payroll |       |       |

**INSURANCE HISTORY AND LOSS EXPERIENCE**

**5.** Has any insurance company canceled or nonrenewed your policy in the last three years? (Not applicable in Missouri) [ ]  Yes [ ]  No

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| If yes, explain:       |

**6.** Prior year’s insurance was written under the business name of:

**7.** Have there been any General Liability losses in the last three years? [ ]  Yes [ ]  No

If yes, indicate losses below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Prior Carrier Effective DatesFrom—To** | **Prior Carrier Name** | **Policy No.** | **No. of Losses** | **Loss Amount** | **Description of Loss** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**EMPLOYEE AND PAYROLL INFORMATION**

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| **8.** Fully describe your operation:       |

**9.** Do you have any operations other than trucking, such as:

**a.** Storage of goods of others (warehousing)? [ ]  Yes [ ]  No

**b.** Repairs of vehicles of goods of others? [ ]  Yes [ ]  No

**c.** Storage of vehicles of others? [ ]  Yes [ ]  No

**d.** Space leased to others? [ ]  Yes [ ]  No

**e.** Sale of fuel or other products? [ ]  Yes [ ]  No

**f.** Freight forwarding, consolidation, or brokering? [ ]  Yes [ ]  No

**g.** Any sporting or social events sponsored? [ ]  Yes [ ]  No

**h.** Farming operations? [ ]  Yes [ ]  No

 **i.** Any other business activities located at same premises? [ ]  Yes [ ]  No

**10.** Do you generate income from other activities besides the operation of trucks? [ ]  Yes [ ]  No

**11.** Do you sign any contracts requiring you to assume the liability of another party? [ ]  Yes [ ]  No

**12.** Do you use mobile equipment on or off premises such as forklifts or backhoes? [ ]  Yes [ ]  No

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| Explain all yes answers:       |

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.

**Refer to the application form for State Fraud Warnings.**

APPLICANT NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

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| --- | --- | --- |
|  | **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. |