**TRUCKERS PROGRAM SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD Application)

|  |  |
| --- | --- |
| Applicant’s Name:             Location Address:              | Agency Name:       Agent No.:       Phone No.:        |

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

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

**1. List all offices, terminals, warehouses, garage locations or other premises the applicant owns or leases:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loc. No.** | **Complete Address** | **Describe Function of Location** | **Payroll(other thandrivers & clerical)** | **Owned(check ifapplicable)** | **Leased(% of bldg leased)** |
| **1** |       |       | $      | [ ]  |    % |
| **2** |       |       | $      | [ ]  |    % |
| **3** |       |       | $      | [ ]  |    % |
| **4** |       |       | $      | [ ]  |    % |
| **5** |       |       | $      | [ ]  |    % |

**2. Type of carrier:** [ ]  Common Carrier [ ]  Contract Carrier

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| --- |
| If contract, who does the applicant haul for?       |

**3. Number of vehicles:** Owned:       Leased:

Not owned but operated on applicant’s behalf:

Are all vehicles licensed? [ ]  Yes [ ]  No

If no, explain:

**4. Any oversize/overweight permits required?** [ ]  Yes [ ]  No

If yes, explain:

**5. Does applicant have any private warehouses?** [ ]  Yes [ ]  No

If yes, area:

**6. Is there an established equipment maintenance program?** [ ]  Yes [ ]  No

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Loc. 1** | **Loc. 2** | **Loc. 3** | **Loc. 4** | **Loc. 5** |
| **Fenced** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Guard Dogs** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Lighted** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Public Access** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Security Guards** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Radius of operation (in miles):** |       |       |       |       |       |
| **States applicant operates in:** |       |       |       |       |       |
| **Any fuel storage and/or underground tanks?** | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, 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:        |

**8. Indicate operations provided by applicant:**

[ ]  Bicycle messenger services

[ ]  Courier: What is delivered?

[ ]  Crane services

[ ]  Crating and uncrating

[ ]  Debris removal—construction sites

[ ]  Escort vehicles for oversize/overweight loads

[ ]  Excavation and/or grading of land

[ ]  House moving

[ ]  Ice cream trucks: Gross Sales: $

[ ]  Public livery

[ ]  Sand or salt dispensing on roadways: Payroll: $

[ ]  Sandwich/catering trucks: Gross Sales: $

[ ]  Snow/ice removal: Payroll: $

[ ]  Towing with service or repair

[ ]  Towing without service or repair

[ ]  Truck brokering

**9. Does applicant operate any mobile equipment, such as a backhoe, bobcat, bulldozer or forklift?** [ ]  Yes [ ]  No

If yes, specify equipment operated:

**10. Commodities hauled:**

|  |  |  |
| --- | --- | --- |
| [ ]  Asphalt | [ ]  Garbage/rubbish (commercial) | [ ]  Medical waste |
| [ ]  Chemicals | [ ]  Garbage/rubbish (residential) | [ ]  Mobile homes |
| [ ]  Coal | [ ]  Heavy/oversized loads | [ ]  Oil field equipment |
| [ ]  Explosives | [ ]  Household furniture/goods | [ ]  Tires |
| [ ]  Fertilizer | [ ]  Logging and lumbering products | [ ]  Toxic/hazardous waste |
| [ ]  Flammable materials | [ ]  LPG |  |
| [ ]  Fuel/oil | [ ]  Marijuana/cannabis or products containing marijuana/cannabis |

[ ]  Other; describe:

**11. Is applicant involved in or have operations that support any type of hydraulic fracturing or
hydrofracking operations?** [ ]  Yes [ ]  No

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| --- |
| If yes, describe:       |

**12. Does applicant do rigging?** [ ]  Yes [ ]  No

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| --- |
| If yes, provide receipts, type of equipment, and describe the types of jobs performed:       |

**13. Other operations:**

**a.** Use aircraft? [ ]  Yes [ ]  No

**b.** Does applicant provide dumpsters for pick up? [ ]  Yes [ ]  No

If yes, how many?

**c.** Own or operate a landfill or dump? [ ]  Yes [ ]  No

**d.** Product assembly/installation? [ ]  Yes [ ]  No

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| --- |
| If yes, describe:       |

**e.** Product service/repair? [ ]  Yes [ ]  No

|  |
| --- |
| If yes, describe:       |

**f.** Repossession operations? [ ]  Yes [ ]  No

**g.** Storage lots for non-owned vehicles/equipment? [ ]  Yes [ ]  No

If yes, area:

|  |
| --- |
| **h.** Other, describe:       |

**14. Does applicant subcontract any operations?** [ ]  Yes [ ]  No

If yes:

**a.** Description of operations subcontracted:

**b.** Annual cost of subcontracted work:

**c.** Are all subcontractors required to carry General Liability insurance? [ ]  Yes [ ]  No

If yes, minimum General Liability limits required:

**d.** Are all subcontractors required to carry Workers Compensation insurance? [ ]  Yes [ ]  No

**e.** Are certificates of insurance required from all subcontractors? [ ]  Yes [ ]  No

**f.** Is applicant included as additional insured on all subcontractors’ policies? [ ]  Yes [ ]  No

**g.** Do written contracts contain hold-harmless agreements in favor of the applicant? [ ]  Yes [ ]  No

If no, explain when not required:

**15. Other Insurance Information:**

|  |  |  |
| --- | --- | --- |
|  | **Auto Liability** | **Motor Truck Cargo** |
| **Policy Number** |       |       |
| **Insurance Carrier** |       |       |
| **Limits of Liability** |       |       |
| **Expiration Date** |       |       |

**16. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| --- |
| If yes, explain and advise where insured:       |

**17. 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

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| --- |
| If yes, describe:       |

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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT:

(Applicable in Iowa Only)

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