



## 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 than drivers & clerical)	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. Type of carrier:**  Common Carrier  Contract Carrier  
 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
<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 applicant operates in:</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, 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
- Chemicals
- Coal
- Explosives
- Fertilizer
- Flammable materials
- Fuel/oil
- Other; describe: \_\_\_\_\_
- Garbage/rubbish (commercial)
- Garbage/rubbish (residential)
- Heavy/oversized loads
- Household furniture/goods
- Logging and lumbering products
- LPG
- Marijuana/cannabis or products containing marijuana/cannabis
- Medical waste
- Mobile homes
- Oil field equipment
- Tires
- Toxic/hazardous waste

11. Is applicant involved in or have operations that support any type of hydraulic fracturing or hydrofracking operations?.....  Yes  No  
 If yes, describe: \_\_\_\_\_

12. Does applicant do rigging? .....  Yes  No  
 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  
 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

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

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.