

TRUCKERS GENERAL LIABILITY SUPPLEMENT

(Complete in addition to ACORD Application)

2. # of Owners: Gross Seles: \$ 3. # of Employees: Employee Payroll: \$ Receipts for previous three years: Year 20 \$ Year 20 \$ Year 20 \$ Describe your operations and cargo being hauled: 6. Fleet size (units): 7. Radius of Operations: 8. Are there independent contractors hauling on your behalf? Yes No If Yes, do they carry General Liability coverage with limits equal to those being requested? Yes No EXPLAIN ALL "YES" ANSWERS BELOW 9. a. Are there any underground storage tanks on any owned or leased property? b. Do you sell fuel or other products? C. Do you perform any brokerage, freight forwarding or consolidation operations? d. Do you have any past or present operations involving treating, discharging, applying, disposing or transporting hazardous materials? e. Do you haul containers or containerized freight? f. Do you parform any wholer repairs on vehicles other than motor vehicles, to others? g. Are any of your vehicles unlicensed or not covered under an auto policy? i. Do you perform any wholer repairs on vehicles other than your own vehicles? i. Do you perform stevedoring or rigging operations? j. Is Garage or Garagekeepers coverage needed? k. Do you haul nousehold goods? l. Is there a New York exposure? m. Do you store goods of others? n. Do you deliver dirt to residential construction sites? Provide full detailed explanations for all YES answers.	Proposed First Named Insured & Other Named Insured(s):												
1. Number of years' experience as a contractor: 2. # of Owners: Gross Sales: \$ 4. Receipts for previous three years: Year 20 \$ Year 20 \$ Year 20 \$ Year 20 \$ Describe your operations and cargo being hauled: 6. Fleet size (units): 7. Radius of Operations: 8. Are there independent contractors hauling on your behalf? Yes No If Yes, do they carry General Liability coverage with limits equal to those being requested? Yes No EXPLAIN ALL "YES" ANSWERS BELOW 9. a. Are there any underground storage tanks on any owned or leased property? b. Do you sell fuel or other products? c. Do you perform any brokerage, freight forwarding or consolidation operations? disposing or transporting hazardous materials? e. Do you band containers or containerized freight? f. Do you loan or rent any machinery or equipment, other than motor vehicles, to others? g. Are any of your vehicles unlicensed or not covered under an auto policy? h. Do you perform any vehicle repairs on vehicles other than your own vehicles? j. Is Garage or Garagekeepers coverage needed? k. Do you haul household goods? l. Is there a New York exposure? n. Do you baul any oversize/overwide loads? n. Do you baul any of the following: armmonia nitrate, anhydrous ammonia, biotech products, bulk chemicals, coal, compressed gas (LPG, propane, etc.), contaminated soil, explosives including fireworks, flammable liquids (including gasoline), guns or munitions, hazardous waste, iron ore, pharmaceuticals, radioactive materials, refuse or waste, (including waste from sewage treatment plants) or hazardous sustances requiring auto liability limits in excess of \$1,000,000.	Loc	catio	n Address	Street	Cit	y Count	y State		ZIP Code				
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DECLARATION
I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.
SIGNATURES

SIGNATURES						
Applicant Signature	Title	Date				
Producer Signature		Date				
Producer Name and Address						

IMPORTANT NOTICE