

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
------------------	--------	------	--------	-------	----------

BUSINESS INFORMATION

1. Number of years' experience as a contractor:
2. # of Owners:

Gross Sales: \$

3. # of Employees:

Employee Payroll: \$

4. Receipts for previous three years:

Year 20	\$	Year 20	\$	Year 20	\$
---------	----	---------	----	---------	----
5. 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

- | | Yes | No |
|---|--------------------------|--------------------------|
| 9. a. Are there any underground storage tanks on any owned or leased property? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you sell fuel or other products? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do you perform any brokerage, freight forwarding or consolidation operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you have any past or present operations involving treating, discharging, applying, disposing or transporting hazardous materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you haul containers or containerized freight? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Do you loan or rent any machinery or equipment, other than motor vehicles, to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are any of your vehicles unlicensed or not covered under an auto policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Do you perform any vehicle repairs on vehicles other than your own vehicles? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Do you perform stevedoring or rigging operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Is Garage or Garagekeepers coverage needed? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Do you haul household goods? | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Is there a New York exposure? | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Do you store goods of others? | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Do you haul any oversize/overwide loads? | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Do you deliver dirt to residential construction sites? | <input type="checkbox"/> | <input type="checkbox"/> |

Provide full detailed explanations for all **YES** answers.

10. Do you haul **any** of the following:
 ammonia 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 substances requiring auto liability limits in excess of \$1,000,000.
 YES NONE of these listed commodities
 If Yes, describe:

**IMPORTANT NOTICE
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

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
