



**TRUCKERS GENERAL LIABILITY  
APPLICATION SUPPLEMENT**  
(To be used with Acord Application)

1. Proposed First Named Insured & Other Named Insured(s):
2. Mailing Address                      Street                      City                      County                      State                      ZIP Code
3. Website Address:
4. Contact for Inspection/Audit:      Name:                      Phone No.:
5. Years in Business:                      Years Experience:

**PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary**      ☐ **See Loss Runs Attached**

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

☐ No      ☐ Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Year	Carrier	Policy Number	Premium	Coverage	Losses/ \$ Amount	Description of Loss

**BUSINESS INFORMATION**

6. Describe your operations and cargo being hauled:
7. Fleet size (units):
8. Radius of Operations:
9. Automobile Carrier/Limits:
10. 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                       |
|---|--------------------------|--------------------------|
| 11. 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"/> |

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 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.

12. 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:

13. Any operations other than trucking (operated under the same name) that are not going to be insured on our policy?

☐ Yes    ☐ No    If yes, provide details of operations and corresponding insurance coverage:

14. Provide payrolls for the past 3 years:

Year	Payroll
	\$
	\$
	\$

15. Indicate subcontracted costs: \$

**Verify all subcontractors carry equal limits and name applicant as Additional Insured.**

16. Do you utilize standard contracts when hiring subcontractors utilizing an Indemnity Clause? ☐ Yes    ☐ No

**FRAUD STATEMENTS**

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**LOUISIANA and MAINE:** 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.

Refer to the Core Application for all Fraud Statements.

**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