



13727 Noel Rd, Galleria North Tower II, Ste 1000, Dallas, TX 75240
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Excess Transportation Supplemental Application

Broker: _____ Effective Date: _____

UL Coverages: _____ Limits Requested: _____

Name Insured: _____ ANI's (if app.): _____

Mailing Address: _____ Physical Address: _____

City: _____ State: _____ Zip Code: _____ Website: _____

Submission Includes: ☐ Acord Applications ☐ Trucking Supplemental (required) ☐ Exposure History (Units/Miles/Rev.)
☐ Vehicle Schedule ☐ 5 years currently valued Loss Runs ☐ Loss Summary ☐ Underlying Quotes

Description of Operations/Commodities:

Projected Exposures:

Revenue: \$ _____ Mileage: _____ Unit Count: _____ HNOA: \$ _____ ☐ N/A

Subhauler COH: \$ _____ ☐ N/A TBL Revenue: \$ _____ ☐ N/A

Radius of Operations (%): 0-50 _____ 51-200 _____ 201-500 _____ >500 _____

Unit Count: Private Passenger: _____ Light Trucks: _____ Medium Trucks: _____ Heavy Trucks: _____
Extra-Heavy Trucks: _____ Heavy Tractors: _____ Extra-Heavy Tractors: _____ **Total:** _____

Expiring Info. (if applicable)

Limit: _____ Premium: \$ _____ Exp. Unit#: _____ Tgt Pricing: \$ _____ Auditable: ☐ Yes ☐ No ☐ Other

FMCSA/SAFER: DOT#(s): _____ DOT Rating: _____

Auto Liability Loss History:			# of
Year:	# Claims:	Total Incurred:	Units:
Current:	_____	\$ _____	_____
1st Year:	_____	\$ _____	_____
2nd Year:	_____	\$ _____	_____
3rd Year:	_____	\$ _____	_____
4th Year:	_____	\$ _____	_____

Liability Losses >\$100,000

Date:	Total Incurred:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Additional Notes:

(including special endorsements, safety/technology information, SAFER corrective measures, etc.)

NOTE: Once this form is completed, save the file before attaching to the submission email listed above.