# Truckers Supplemental Application

APPLICANT'S NAME                                              DBA

Mailing Address                          City              State              Zip

Email of Primary Contact                                     Phone Number

Audit / Inspection Contact Name                              Phone Number

Number of Units                                              Annual Revenue

Payroll (excluding trucker)                                  Website

## DESCRIPTION OF OPERATIONS/ITEMS HAULED

## GENERAL LIABILITY LIMITS

☐ $300,000/$300,000        ☐ $300,000/$600,000        ☐ $500,000/$500,000
☐ $500,000/$1,000,000      ☐ $1,000,000/$1,000,000    ☐ $1,000,000/$2,000,000

## 5 YEAR LOSS HISTORY          ☐ NO PRIOR LOSSES

| Date of Loss | Description | Status | Amount Paid | Current Reserve |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## ADDITIONAL INSUREDS

☐ Owners, Lessees or Contractors (BP 0450)

☐ Blanket Additional Insured- Owners, Lessees or Contractors (BOP475542) & UIIA Additional Insured (BOP47545)

☐ Waiver of Transfer of Rights of Recovery against Others to Use (BP 0497)

☐ Blanket- Waiver of Transfer of Rights of Recovery against Others to Use (BOP 47543)

☐ Primary and Non-Contributory-Owners or Lessors of Premises (BOP 43864)

☐ Blanket- Primary and Non-Contributory-Owners or Lessors of Premises (BOP 47544)

☐ Manager or Lessors of Premises (BP 0402)

☐ Vendors (BP 0447)

☐ Building Owners (BP 1231)

☐ Grantor of License (BOP 43852)

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## GENERAL ELIGIBILITY:

|  |  | YES | NO |
|---|---|:---:|:---:|
| 1. | Are functioning and operational fire extinguishers readily available? | ☐ | ☐ |
| 2. | Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years? |  |  |
|  | a. **If Yes**, Details:_____ | ☐ | ☐ |
| 3. | Any past pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years? | ☐ | ☐ |
| 4. | Does the applicant own or operate any other business? | ☐ | ☐ |
| 5. | Does the applicant handle any infectious waste or hazardous material? | ☐ | ☐ |
| 6. | Does the applicant have any operations involving rigging work or the use of cranes? | ☐ | ☐ |
| 7. | Does applicant/named insured provide ambulance services? | ☐ | ☐ |
| 8. | Does applicant/named insured provide armored car services? | ☐ | ☐ |
| 9. | Does applicant/named insured transport people? | ☐ | ☐ |
| 10. | Does the applicant rent or loan equipment or tools to others (including vehicles)? | ☐ | ☐ |
| 11. | Does the applicant perform any operations other than for hire hauling and repair or maintenance of their own vehicles? | ☐ | ☐ |
| 12. | Does applicant have any appliance delivery or installation services? | ☐ | ☐ |
| 13. | Does the applicant perform any residential or commercial moving operations? | ☐ | ☐ |
| 14. | Does the applicant perform any hauling of mix-in-transit, hot mix, bulk sealant or bulk dry cement? | ☐ | ☐ |
| 15. | Does applicant have any ownership in any mines, quarries or pits? | ☐ | ☐ |
| 16. | Does applicant warehouse goods of others? | ☐ | ☐ |
| 17. | Other than to dealerships or auctions does applicant have any towing operations including flatbed towing? | ☐ | ☐ |
| 18. | Does the applicant provide any ice/snow treatment or removal services? | ☐ | ☐ |
| 19. | Does the applicant perform any street cleaning or debris removal operations? | ☐ | ☐ |
| 20. | Is applicant an ice cream or mobile food truck? | ☐ | ☐ |
| 21. | Is the applicant operating as a freight forwarder? | ☐ | ☐ |

_____

Name (Please Print)

_____

Authorized Signature                                              Date