



INSURANCE AGENCY, INC.  
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS  
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### Truckers/Warehouse Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

1. **Are you a:**       Common                       Contract Carrier

If contract, who do you haul for? \_\_\_\_\_

2. **Number of vehicles:**      Owned: \_\_\_\_\_      Not owned, operating on your behalf: \_\_\_\_\_

3. **Is there an established equipment maintenance program?** .....  Yes     No

4. **Radius of operation (in miles):** \_\_\_\_\_

States in which you operate: \_\_\_\_\_

5. **Any oversize/overwide permits required?** .....  Yes     No

If yes, please explain: \_\_\_\_\_

6. **Do you have an ICC or a PUC filing outstanding?** .....  Yes     No

7. **Commodities hauled:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Chemicals             | <input type="checkbox"/> Explosives          | <input type="checkbox"/> Flammable Materials     |
| <input type="checkbox"/> Gasoline/Oil          | <input type="checkbox"/> LPG                 | <input type="checkbox"/> Medical Waste           |
| <input type="checkbox"/> Toxic/Hazardous Waste | <input type="checkbox"/> Tires               | <input type="checkbox"/> Tobacco                 |
| <input type="checkbox"/> Liquor                | <input type="checkbox"/> Household Furniture | <input type="checkbox"/> Heavy/Oversized Loads   |
| <input type="checkbox"/> Garbage/Rubbish       | <input type="checkbox"/> Mobile Homes        | <input type="checkbox"/> Other (describe): _____ |

8. **Other operations:**

Own or operate a landfill? .....  Yes     No

Crane or towing service? .....  Yes     No

Own or operate an underground fuel tank? .....  Yes     No

Use aircraft? .....  Yes     No

Product assembly/installation? .....  Yes     No

If yes, describe: \_\_\_\_\_

Warehousing? .....  Yes     No

If yes, Location: \_\_\_\_\_ Area: \_\_\_\_\_ sq. ft.

Other (describe): \_\_\_\_\_

9. **Do you subcontract any operations?** .....  Yes     No

If yes, description of operations subcontracted: \_\_\_\_\_

Annual cost of subcontracting: \$ \_\_\_\_\_

Is evidence of insurance obtained? .....  Yes  No

Are you included as an additional insured? .....  Yes  No

10.

Information for:	Auto Liability	Motor Truck Cargo
Policy Number		
Insurance Carrier		
Limits of Liability		
Expiration Date		

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*