



APPLICATION
FOR TRUCKERS GENERAL LIABILITY

1. Insured Name: _____
2. Doing Business As (DBA), if applicable: _____
3. ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership _____
4. Mailing Address: _____
5. Premise Address (if different to address given above) _____
6. Additional Premise Address: _____
7. Email Address: _____
8. Phone Number: _____
9. Website URL: _____
10. MC Number: _____
11. DOT Number: _____
12. Number of Years' Experience in the Trucking Business: _____
13. Number of Year's applicant has been in business: _____
14. Number of Years' Experience Hauling the Commodities Described on this application: _____
15. Radius of Operation from Garaging Address (in miles): _____

TRUCKERS GENERAL LIABILITY: CLASS CODE 99793

15. Number of Power Units: _____
16. Description of operation / commodities being hauled: _____
17. Do you operate a freight brokerage? ☐ Yes ☐ No
If yes, provide the previous years Gross Revenues: \$ _____
Projected Gross Revenues: \$ _____
18. What is the applicants interest in the terminal address?
☐ Owner ☐ Tenant ☐ Lessor Is this your residence? ☐ Yes ☐ No
19. What is the approximate square footage?
 - a. Office: _____
 - b. Repair Shop: _____
 - c. Warehouse/Terminal: _____
 - d. Open Parking/Yard: _____
20. Does the applicant store any goods of others? ☐ Yes ☐ No
If yes, please explain: _____
If yes, what are the estimated annual storage revenues: \$ _____
And maximum values at risk: \$ _____

21. List any additional insured requirements:

- Name: _____
- Address: _____
- City, State, Zip: Address: _____
- Name: _____
- Address: _____
- City, State, Zip: Address: _____
- Blanket Additional Insured Requirement: ☐ Yes ☐ No _____

22. List any waiver of subrogation requirements:

Name:

Address:

City, State, Zip: Address:

Name:

Address:

City, State, Zip: Address:

23. Additional Questions

A. Are functioning and operational fire extinguishers readily available?

☐ Yes ☐ No

B. Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years?

☐ Yes ☐ No

If yes, Details:

C. Any past pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the application individually within the past five years?

☐ Yes ☐ No

D. Does the applicant own or operate any other business?

☐ Yes ☐ No

J. Does the applicant rent or loan equipment or tools to others (including vehicles)?

☐ Yes ☐ No

PLEASE NOTE: COVERAGE IS EXCLUDED FOR THE FOLLOWING: Household goods movers, relocation operations, cross-dock exposures, public warehouses, ambulance services, armored car services, livery services, food truck services, freight forwarders, any landscaping operations, hot mix, bulk sealant and bulk dry cement operations, any operation utilizing mobile equipment of any type, auto haulers, towing operations, delivery and installation operations, any ice/snow treatment or removal services, any street cleaning or debris removal operations, operations utilizing unregistered or unlicensed vehicles for road use, any operation handling infectious waste or hazardous materials, any operation involving rigging work or the use of cranes, any operations performing repair or maintenance for non-owned vehicles.

28. Loss Experience

Paid and outstanding loss information: Losses sustained by applicant during last 3 years showing details for each year separately and whether claims are from before or after any deductible. Please specify amount of deductibles.

 If no losses in past 3 years please mark box ☐

<u>Year</u>	<u>Deductible</u>	<u>Power Unit Count</u>	<u>Total Incurred Claims</u>	<u>Additional Claim Details</u>	<u>Line of Coverage</u>



29. Fleet Historical

Please give details of your prior insurance (last three years is applicable):

<u>Years</u>	<u>Carrier(s)</u>	<u>Deductible</u>	<u>Rate</u>	<u>Limit</u>	<u>Expiry Date(s)</u>	<u>Renewal Offered?</u>
				\$		
				\$		
				\$		

APPLICANT STATEMENT: I hereby authorize the insuring companies and/or its agents to obtain from the department of public safety a copy of my motor vehicle report for use in rating and/or underwriting the insurance for which I do hereby apply, and any renewal thereof. I understand that in obtaining a motor vehicle report a consumer reporting agency may be used by the insurer(s) and I do hereby authorize such use. I hereby certify that the named drivers listed on this application have authorized me to consent on their/his/her behalf for the insurer to obtain motor vehicle report(s) for rating and/or underwriting.

DECLARATION: I/We declare that the statements given on this form are true to the best of my/our knowledge and belief and that/We agree that if a policy is issued, this form shall be the basis of the contract and that any changes of my/our trade or trade practices shall be advised to underwriters who may at their discretion vary the terms and conditions of the contract. This Application shall attach to and become part of the policy, if issued, and all statements on this application will become warranties to the policy.

FRAUD NOTICE: Please Read Carefully!

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Additionally, before signing your application, please refer to the enclosed **State Fraud Notices** page to learn if your state requires additional language regarding insurance fraud.

DISCLAIMER: THIS IS NOT A BINDER OF COVERAGE, AND THIS DOCUMENT DOES NOT PROVIDE INSURANCE COVERAGE! This is an application for insurance only and does not guarantee coverage to anyone in possession of this document, nor should this document be relied upon by any person or entity as evidence of the existence of insurance coverage. The general coverage descriptions in the application are for information purposes only and are abbreviated. You will need to refer to the actual insurance policy, if issued, for a complete statement of all specific coverages, coverage amounts, terms, conditions, limitations and exclusions. If there is any conflict between the information contained within this application and the declarations, schedules, endorsements and other forms which comprise the insurance policy, if issued, then the declarations, schedules, endorsements, and other forms will prevail over this application. To obtain a complete policy, please contact our office.

I understand that hiring of acceptable drivers and the reporting of all drivers is a requirement of this insurance. Failure to do may result in cancellation of any policy issued and any loss disclaimed.

Applicant's Signature:

Dated

(signed by an officer of the applicant with actual authority to bind that applicant)

Agency:

Address:

Phone:

Email:

STATE FRAUD NOTICES

Your policy application contains a general nationwide warning regarding insurance fraud. Additionally, the fraud warnings listed below are applicable in the states of AL, AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, KY, LA, ME, MD, MN, NH, NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, VA, WA, and WV. Please review prior to signing your application.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer who files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for

insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: General fraud warning — Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation. Auto claims — Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation. Commercial claims — 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.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: General 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. Motor vehicle insurance fraud warning — Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: 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.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: 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.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.