



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

## TRUCKERS/WAREHOUSE SUPPLEMENTAL APPLICATION

(Include Acord application)

### APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

1. Are you a:       Common       Contract Carrier  
 If contract, who do you haul for? \_\_\_\_\_

2. Age of drivers:      Minimum \_\_\_\_\_      Maximum \_\_\_\_\_

3. Are motor vehicle records checked prior to hiring drivers?       Yes       No

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

5. Number of double trailers? \_\_\_\_\_

6. Is there an established equipment maintenance program?       Yes       No

7. Is there a formal safety program in place?       Yes       No

8. Radius of operation (in miles): \_\_\_\_\_

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

10. Any oversize/overwide permits required?       Yes       No

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

11. Do you have an ICC or PUC filing outstanding?       Yes       No

12. Can applicant provide evidence of insurance for cargo and auto coverages?       Yes       No

13. Commodities hauled:

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

14. 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, please describe: \_\_\_\_\_
- Warehousing?  Yes  No
- If yes, location: \_\_\_\_\_ Area: \_\_\_\_\_ sq. ft.
- Other (describe): \_\_\_\_\_

15. Do you subcontract any operations?  Yes  No
- If yes, description of operations subcontracted: \_\_\_\_\_

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

17. Is evidence of insurance obtained?  Yes  No
18. Are you included as an additional insured?  Yes  No
19. Are there security systems for the warehouses?  Yes  No
20. Are security guards provided?  Yes  No
- If yes, are they armed?  Yes  No

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

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

*(Applicable in the state of Florida only.)*

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Agent License Number