



TRUCKERS SUPPLEMENTAL APPLICATION

- 1. Named Insured:
2. Describe your operations:
3. Describe your cargo:

- 4. Do you generate income from other activities besides the operation of trucks?
5. Do you assemble, install, service or repair any of the goods being transported?
6. Do you perform any vehicle repairs on vehicles other than your own?
7. Do you store vehicles that you don't own or store any good of others?
8. Do you sell fuel or other products?
9. Do you perform any brokerage, freight forwarding or consolidation for others?
10. Do you have any past or present operations involving the treating, discharging, applying, disposing, or transporting of hazardous materials?
11. Do you haul containers for containerized freight?
12. Do you loan or rent any vehicles to others?
13. Are any of your vehicles unlicensed or not covered under any auto policy?
14. Are there any underground storage tanks on any owned or leased property?
15. Do you haul any of the following?

Ammonia nitrate, anhydrous ammonia, biotech products, bulk chemicals, coal, compressed gas, (LPG, propane, etc.), contaminated soil, explosives (including fireworks), flammable liquids (including gasoline), guns or munitions, hazardous waste, iron ore, pharmaceuticals, radioactive materials, refuse or waste (including from sewage treatment plants), or any hazardous substance requiring auto liability limits in excess of \$1,000,000.

- 16. Please provide a detailed explanation for each Yes answer.
17. How many trucks?
18. Does the Insured own, operate or lease a crane?
19. Any mechanical or yard employees?
20. Is the Insured hauling any tires or tobacco products?
21. Is there any warehouse exposure?
22. What are the Insured's estimated annual receipts?
23. Does the Insured use any Owner Operators?

Signature of applicant:

Date: