TRUCKERS GENERAL LIABILITY

APPLICATION

APPLICANT'S NAME:	/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	₩₩₩₩ DBAK		
☐ Individual ☐ Corporation	☐ LLC ☐ Partnership			
Complete Street Address:				
Mailing Address: (if different than above)				
What county is above address:	####Applicants Phone () /////////////////////////////////////	Applicant's Fax ()
1. Briefly describe applicant's operation	ı:			
a. Types of Commodities b. Number of Power Uni				
	EIGHT BROKERAGE ?		ROJECTED GROSS	REVENUE \$
d. If operation is WATER TR If NO explain	UCK are ALL water trucks licer	nsed for road use and insu	ured for Auto Liability	? Yes No
2. What is the applicant's interest in ab	oove address: Owner .	Tenant Lessor (Is thi	s your residence	Yes NO
3. WHAT IS THE APPROX. SQUARE	FOOTAGE OF:			
Office sqft Warehouse	Terminal sqft Repa	ir Shop sqft Op	en Parking/ Yard	sqft
4. DOES THE APPLICANT OWN OR L If yes, list address		TY (IES) NOT LISTED A	3OVE ? ☐Yes ☐ N	lo
5. What is applicant's interest in above	property ? Owner Ter	nant 🗌 Lessor 🔲 Othe	ı r	
6. Does applicant perform any repair w	ork on any vehicles ? Yes [No		
If yes, please explain:				
7. DOES APPLICANT OWN OR OPER	RATE <u>ANY</u> MOBILE EQUIPME	ENT Yes No If yes	s, what kind	
ANY FORKLIFTS Yes No	How many operated	Gross Weight Capa	city Ibs max	
8. Other Mobile Equipment Owned or 0	Operated None Type	Number operated		
9. DOES APPLICANT STORE ANY G	OODS OF OTHERS Yes	No If Yes, explain		
If Yes to above, what are the estimate	ated annual storage revenues	and Maximum \	/alues At risk \$	
EXPLAIN ANY QUESTIONS ABOVE:				
10. List Any Additional Insured Require	ments			
A. Name: Address: City, State, Zip:				
B. Name: Address: City, State, Zip:				
C. Name: Address: City, State, Zip:				
	Blanket Additiona	I Insured Requirement	Yes No	o

11. Loss experience whether insured or not, for the past 5 years on All Risks / Broad form basis

FROM 1ST DOLLAR / WITH NO DEDUCTIBLE:

YEAR	PAID	OUTSTANDING	WHAT HAPPENED?
Previous Year			
Year Prior			

This application shall not be binding unless and until a policy is issued and payment made and then only as of the inception date of said policy and in accordance with all terms hereof, and the said Applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured. Insofar as same are known to the Applicant; and the same are hereby made the basis and a condition of the Insurance, and a warranty on the part of the insured.

DECLARATION: I/We declare that the statements given on this form are true to the best of my/our knowledge and belief and that I/We agree that if a policy is issued, this form shall be the basis of the contract and that any change 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. All statements on this application will become warranties to the policy.

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

It is mutually understood and agreed between the Company and the applicant that any inspection of premises, operations, or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the applicant in any respect.

io not to be relied apon by	тне аррисант ин ану георесс.				
	Ap]licant's Signature	Date			
Proposed Effective Date of Coverage:					
Producer's name:					
Address:					
Ву:		Date:			