

TRUCKER'S GENERAL LIABILITY APPLICATION

APPLICANT'S NAME:

DBA

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:

- a. Types of Commodities Hauled:**
b. Number of Power Units Operated:
Please list below: (attached separate sheet if needed)

Year	Make	VIN

c. DO YOU OPERATE A FREIGHT BROKERAGE ? Yes No
 IF YES, PROVIDE THE PREVIOUS YEAR GROSS REVENUE \$; PROJECTED GROSS REVENUE \$

d. If operation is WATER TRUCK are ALL water trucks licensed for road use and insured for Auto Liability ? Yes No
 If NO explain

2. What is the applicant's interest in above address: Owner Tenant Lessor (Is this your residence Yes NO

3. What is the approx. square footage of::

Office sqft Warehouse / Terminal sqft Repair Shop sqft Open Parking/ Yard sqft

4. DOES THE APPLICANT OWN OR LEASE ANY OTHER PROPERTY (IES) NOT LISTED ABOVE ? Yes No
 If yes, list address:

5. What is applicant's interest in above property ? Owner Tenant Lessor Other

6. Does applicant perform any repair work on any vehicles ? Yes No

If yes, please explain:

7. DOES APPLICANT OWN OR OPERATE ANY MOBILE EQUIPMENT Yes No If yes, what kind

ANY FORKLIFTS Yes No How many operated Gross Weight Capacity lbs max

8. Other Mobile Equipment Owned or Operated None Type Number operated

9. DOES APPLICANT STORE ANY GOODS OF OTHERS Yes No If Yes, explain

If Yes to above, what are the estimated annual storage revenues \$ and Maximum Values At risk \$

EXPLAIN ANY QUESTIONS ABOVE:

10. List Any Additional Insured Requirements

A. Name:
Address:
City, State, Zip:

Blanket Additional Insured Requirement Yes No

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

FROM 1ST DOLLAR / WITH NO DEDUCTIBLE :

YE AR	P	AID	OUTSTANDING	WHAT HAPPENED?
Previous Year				
Year Prior				
Year Prior				
Year Prior				
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.

Applicant's Signature

Date

Proposed Effective Date of Coverage:

Producer's name: Eric Huff

Address: _____

By: Trinity Insurance Services, LLC **Date:** _____