

Truckers Supplemental

(To be completed in conjunction with ACORD applications)

Applicant's Name _____

DBA _____

Proposed Effective Date: _____ To _____ (12:01 Standard Time at the address of the Applicant)

Type of Carrier: Common Private Contract (For Whom) _____

Number of Vehicles: Owned _____ Non-Owned (Hauling on your behalf) _____

Radius of Operation (in miles): _____ States where you Operate: _____

Do you have a vehicle/equipment maintenance program? Yes No

Do you lease employees for duties other than driving? Yes No

If yes, provide payroll \$ _____ What are their duties? _____

Do you have direct employees for duties other than driving? Yes No

If yes, provide payroll \$ _____ What are their duties? _____

Are any oversize/over-weight permits required: Yes No If yes, please explain: _____

Do you have any ICC or Hazardous Materials filing requirements? Yes No ICC# _____

Commodities Hauled (Select all that apply):

<input type="checkbox"/> Autos	<input type="checkbox"/> Gas/Gasoline/Oil	<input type="checkbox"/> Medical Waste
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Heavy/Oversized Loads	<input type="checkbox"/> Mobile Homes
<input type="checkbox"/> Explosives	<input type="checkbox"/> Household Goods/Furniture	<input type="checkbox"/> Tires
<input type="checkbox"/> Flammable Materials	<input type="checkbox"/> Liquor	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Recycling	<input type="checkbox"/> LPG	<input type="checkbox"/> Toxic/Hazardous Waste
<input type="checkbox"/> Other, please describe:		

Do you currently carry Auto Liability Insurance? Yes No If yes, what limits? _____

Do you subcontract any operations? Yes No If yes, describe operations: _____

Annual cost of subcontracted operations: \$ _____ Are Certificates of Insurance obtained? Yes No

Are you named as an additional insured? Yes No

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Do you perform Crane or Towing Services? Yes No

Any operations? Yes No

If yes, are you conducting these operations at accident scenes? Yes No

Do you perform any moving, servicing or installation? Yes No If yes, please describe: _____

Do you own or operate an Above/Underground Fuel Tank? Yes No

Do you own or operate a Landfill? Yes No

Warehouse Operations:

Do you own or operate a warehouse? Yes No If yes, what is the area/square footage? _____

Are you the sole occupant of the warehouse? Yes No

If no, list other occupancies and area/square footage occupied: _____

How many employees do you employ other than drivers?

What is the payroll of employees other than drivers? \$ _____

Do you perform any product assembly installation? Yes No

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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: 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.

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NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: 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.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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.

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This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated to the best of your knowledge.

Applicants Signature _____ **Date** _____

Agents Signature _____ **Date** _____