



TRUCKERS/WAREHOUSE SUPPLEMENTAL 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): _____ | | | |

Do you lease out, rent or loan : trucks or equipment __YES __NO drivers or other employees? __YES __NO

Are non-employees allowed to load/ unload trucks? __YES __NO

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, describe subcontracted operations _____

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		

21. **Total Payroll** of all terminal employees and garage / repair persons not including owners? \$_____

22. **Number of Owners** _____

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