

# TRUCKER GENERAL LIABILITY APPLICATION

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## Instructions:

- Please print and use **BLACK** ink
- If the answer to any question is none or not applicable, state **NONE** or **NOT APPLICABLE**

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## **GENERAL**

Are you a: \_\_\_\_\_ Common \_\_\_\_\_ Contract Carrier  
If contract, who do you haul for? \_\_\_\_\_

Number of vehicles: \_\_\_\_\_ Owned \_\_\_\_\_ Not owned, operating on behalf  
Are the vehicles licensed? \_\_\_\_\_ Yes / No

Is there an established equipment maintenance program? \_\_\_\_\_ Yes / No

Radius of operation (in miles): \_\_\_\_\_  
States in which you operate: \_\_\_\_\_  
\_\_\_\_\_

Any oversize/overwide permits required? \_\_\_\_\_ Yes / No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have an ICC or a PUC filing outstanding? \_\_\_\_\_ Yes / No

Are you doing any of the following?  
\_\_\_\_\_ Crane Services \_\_\_\_\_ House Moving  
\_\_\_\_\_ Public Livery \_\_\_\_\_ Truck Brokering  
\_\_\_\_\_ Emergency/Non-emergency Medical Transportation  
\_\_\_\_\_ Courier: What do you deliver? \_\_\_\_\_  
\_\_\_\_\_

Commodities hauled:  
\_\_\_\_\_ Chemicals \_\_\_\_\_ Gasoline/Oil  
\_\_\_\_\_ Mobile Homes \_\_\_\_\_ Coal  
\_\_\_\_\_ Heavy/Oversized Loads \_\_\_\_\_ Oil Field Equipment  
\_\_\_\_\_ Explosives \_\_\_\_\_ Household Furniture  
\_\_\_\_\_ Tires \_\_\_\_\_ Flammable Materials  
\_\_\_\_\_ Liquor \_\_\_\_\_ Tobacco



**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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

**APPLICABLE IN THE STATE OF NEW YORK**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**THIS IS NOT A BINDER OF COVERAGE**

**THE STATEMENTS AND ANSWERS GIVEN ON THIS APPLICATION ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION.**

_____	_____
<i>Applicant's Name</i>	<i>Title</i>
_____	_____
<i>Applicant's Signature</i>	<i>Date</i>
_____	_____
<i>Producer's Signature</i>	<i>Date</i>

Submitted by: \_\_\_\_\_

Email address: \_\_\_\_\_