



New England Excess Exchange, Ltd.

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Please visit our website: www.neee.com

TRUCKERS GENERAL LIABILITY

APPLICATION SUPPLEMENT

(To be used with Acord Application)

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State ZIP Code

3. Website Address:

4. Contact for Inspection/Audit: Name: Phone No.:

5. Years in Business: Years Experience:

PREVIOUS INSURER & LOSS HISTORY – Attach separate sheet if necessary See Loss Runs Attached

Missouri Applicants: DO NOT answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:

Table with 7 columns: Year, Carrier, Policy Number, Premium, Coverage, Losses/\$ Amount, Description of Loss

BUSINESS INFORMATION

6. Describe your operations and cargo being hauled:

7. Fleet size (units):

8. Radius of Operations:

9. Automobile Carrier/Limits:

10. Are there independent contractors hauling on your behalf? Yes No

If yes, do they carry General Liability coverage with limits equal to those being requested? Yes No

EXPLAIN ALL "YES" ANSWERS BELOW

- 11. a. Are there any underground storage tanks on any owned or leased property? Yes No
b. Do you sell fuel or other products? Yes No
c. Do you perform any brokerage, freight forwarding or consolidation operations? Yes No
d. Do you have any past or present operations involving treating, discharging, applying, disposing or transporting hazardous materials? Yes No
e. Do you haul containers or containerized freight? Yes No
f. Do you loan or rent any machinery or equipment, other than motor vehicles, to others? Yes No
g. Are any of your vehicles unlicensed or not covered under an auto policy? Yes No
h. Do you perform any vehicle repairs on vehicles other than your own vehicles? Yes No
i. Do you perform stevedoring or rigging operations? Yes No
j. Is Garage or Garagekeepers coverage needed? Yes No
k. Do you haul household goods? Yes No
l. Is there a New York exposure? Yes No

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| m. Do you store goods of others? | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Do you haul any oversize/overwide loads? | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Do you deliver dirt to residential construction sites? | <input type="checkbox"/> | <input type="checkbox"/> |

Provide full detailed explanations for all **YES** answers.

12. Do you haul **any** of the following:
 ammonia nitrate, anhydrous ammonia, biotech products, bulk chemicals, coal, compressed gas (LPG, propane, etc.), contaminated soil, explosives including fireworks, flammable liquids (including gasoline), guns or munitions, hazardous waste, iron ore, pharmaceuticals, radioactive materials, refuse or waste (including waste from sewage treatment plants) or hazardous substances requiring auto liability limits in excess of \$1,000,000.
 YES NONE of these listed commodities
 If yes, describe:

13. Any operations other than trucking (operated under the same name) that are not going to be insured on our policy?
 Yes No If yes, provide details of operations and corresponding insurance coverage:

14. Provide payrolls for the past 3 years:

Year	Payroll
	\$
	\$
	\$

15. Indicate subcontracted costs: \$

Verify all subcontractors carry equal limits and name applicant as Additional Insured.

16. Do you utilize standard contracts when hiring subcontractors utilizing an Indemnity Clause? Yes No

FRAUD STATEMENTS

FLORIDA: 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.

LOUISIANA and MAINE: 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.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date

Producer Name and Address